

Utah's Division of Child and Family Services

Northern Region Report

Qualitative Case Review Findings

Review Conducted February 24-28, 2003

*A Joint Report by
The Child Welfare Policy and Practice Group
and
The Office of Services Review, Department of Human Services*

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I. Introduction

The Division of Child and Family Services (Child and Family Services) completed a comprehensive plan for the delivery of services to families and children in May 1999, entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999, Judge Campbell issued an order directing Child and Family Services as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of Child and Family Services' implementation of the Plan.

The Plan provides for four monitoring processes. Those four processes are: a review of a sample of Child and Family Services case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends, and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of Child and Family Services' regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provides for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, Child and Family Services must achieve the following in each region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipates that reports on Child and Family Services' performance, where possible, will be issued jointly by the Child Welfare Group and Child and Family Services, consistent with the intent of the monitor and Child and Family Services to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

II. Practice Principles and Standards

In developing the Plan, Child and Family Services adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, Child and Family Services has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by Child and Family Services. These practice standards must be consistently performed for Child and Family Services to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan, using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*
- 5. Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well being.*
- 6. Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
- 7. Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency, are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
- 8. Services provided to children and families respect their cultural, ethnic, and religious heritage.*
- 9. Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*

10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services, such as child welfare, made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

The reason for the rapid ascent of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals, and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Was the permanency goal presented to the court at the dispositional hearing?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human System and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by Child and Family Services and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 states. Service Testing™ represents the current state of the art in evaluating and monitoring human services, such as child welfare. It is meant to be used in concert with other sources of information, such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process made use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores. Likewise, the weight given functional assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Functional Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2)	Supports/Services (x2)
Caregiver Functioning (x2)	Successful Transitions (x1)
Family Functioning/Resourcefulness (x1)	Effective Results (x2)
Satisfaction (x1)	Tracking Adaptation (x3)
Overall Status	Caregiver Support (x1)
	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is usually successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. These are brief summaries written at the conclusion of the set of interviews done for each case. They are provided only as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home, Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of Child and Family Services population are represented with reasonable accuracy. These variables stratified the sample to insure that there was a representative mix of cases of children in out-of-home care and in their own homes. For children in out-of-home care, the sample was further stratified to assure that children in a variety of settings (family foster care, group care, and therapeutic foster care) were selected. Cases were also distributed to permit each office in the region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. An additional number of cases were selected to serve as replacement cases, which are a pool of cases used to substitute for cases that could not be reviewed because of worker or family circumstances (illness, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.

A total of 24 cases were selected and reviewed. At the time of this report, 22 case stories had been finalized. However, the data presented is based on the scores for the 24 cases reviewed.

Reviewers

The cases were reviewed by certified reviewers from the Child Welfare Group, the Office of Services Review (OSR), and Child and Family Services, as well as first time reviewers from

Child and Family Services and outside stakeholders. The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the Child Welfare Group reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 11 different states.

Stakeholder Interviewers

As a compliment to the individual case reviews, the Child Welfare Group staff and Utah staff interviewed key local system leaders from other child and family serving agencies and organizations in the region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. Their observations are briefly described in a separate section.

IV. System Strengths

In the course of the review, a number of system assets were observed in individual case practice. These are listed below.

- A case involving shared parenting between birth and foster parents, which led to a thoughtful transition of the children from the foster home to the biological home.
- Several cases involving support for ongoing parental involvement after termination of parental rights, accommodating the needs of the children for ongoing contact and relationships.
- Saw examples in some cases of excellent long-term view.
- Excellent outcomes and wrap-around services in a case involving the Drug Court.
- Saw examples of excellent transition planning by the team.
- Good use of in-home and family preservation services was noted in some cases.
- One case involved attentiveness to safety beyond expectations.
- Saw several examples of inclusion of the child in the development of the plan.
- Great use and support of the informal support system in some cases.
- Saw examples of rapid placement from shelter to kinship.
- In general, foster parents felt very supported by the agency and the other services that they have received.
- There were committed stakeholders and workers.
- Improvement in the skill level of staff was noted.
- The region appears very responsive to community partners.
- Community partners are realizing the effectiveness of working as a team.

V. Characteristics of the Northern Region

Trend Indicators for the Northern Region

The table for the Northern Region, along with that of the other regions, is included in the Appendix.

VI. Stakeholder Observations

The results of the QCRs should be considered within a broader context of local interaction with community partners and focus groups with Child and Family Services staff. Presented in this section is a summary of impressions and observations offered by these key stakeholders who were interviewed during the course of the review.

Summary of Stakeholder Interviews

Strengths:

- Peer parents are being better utilized as team members.
- Training is excellent now.
- Tracking has improved.
- Workers are seen more often in the home; they are more available.
- More appreciation for foster parents is being observed.
- The quality of work is better; the workers know what they are doing.

Barriers:

- There are concerns when judges seem to go against the recommendations of the team without reasons that are apparent.
- There are not enough resources available to get mental health assessments and inpatient drug treatment in a timely manner.
- There is a need for more structured homes and more independent living options for boys in Davis County.
- There was confusion on what was allowed, or what was the process for accessing petty cash type funds to meet specific needs where there was not a provider that accepts vouchers.
- PSS cases are being ordered for home studies in cases with a custody dispute but no child welfare issues.

VII. System Performance Analysis, Trends, and Practice Improvement Needs

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for last year's review with the

recent review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be “acceptable.” A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1 Completely Unacceptable
- 2 Substantially Unacceptable
- 3 Partially Unacceptable
- 4 Minimally Acceptable
- 5 Substantially Acceptable
- 6 Optimal Status/Performance

Child and Family Status as well as System Performance is evaluated using 11 key indicators. An overall, summative score is compiled for each. Scoring for the indicators relative to each of the two domains follow.

For each of the cases reviewed the review team produced a narrative shortly after the review was completed. The story write-up contains a description of the findings, explaining from the reviewer's perspective what seems to be working in the system and what needs improvement. The narratives help explain the numerical results presented by describing the circumstances of each case. Examples from the case stories illustrate the key differences that result in different case ratings.

Case Demographics

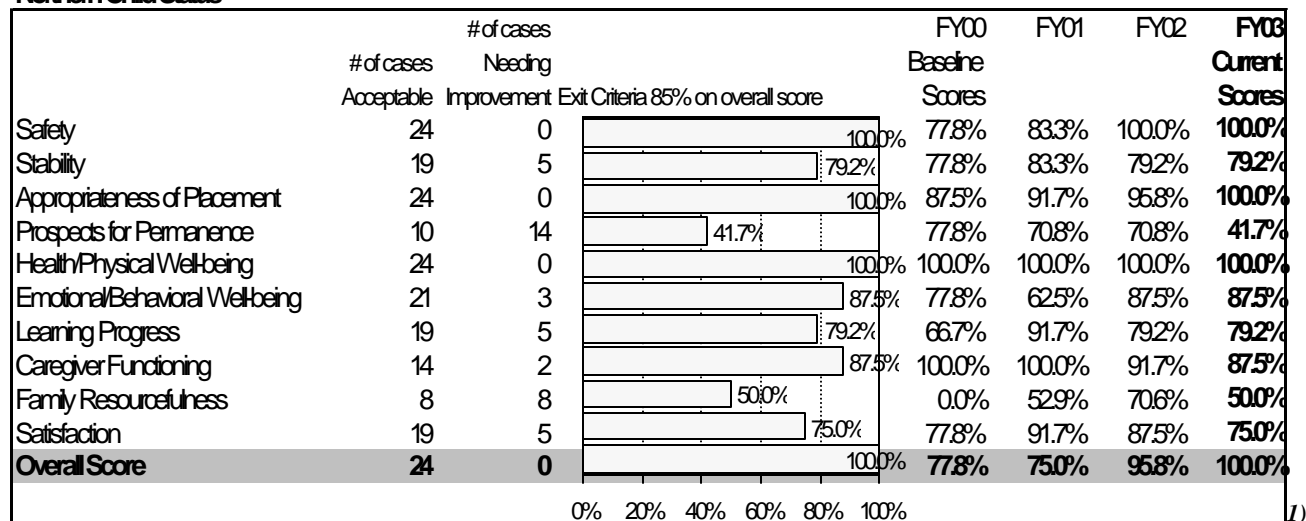
It is important to note that the cases were selected by the Child Welfare Group based on a sampling matrix assuring that a representative group of children were reviewed. The sample included children in out-of-home care and families receiving home-based services, such as voluntary and protective supervision and intensive family preservation. Cases were selected to include offices throughout the region. It was noted during the analysis of case stories that 73% of the cases involved an earlier history of substantiated CPS reports and service interventions, quite a few having multiple reports over many years. As the region becomes more proficient with the system performance goals established in the Plan, such high recidivism rates should begin to decrease.

Child and Family Status Indicators

Overall Status

The Overall Score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY03 current scores. The results in the following tables are based on the scores provided to OSR at the end of the Northern Region review. They contain the scores of 24 cases. These results are preliminary only and are subject to change until all reviewers have submitted their case stories.

Northern Child Status



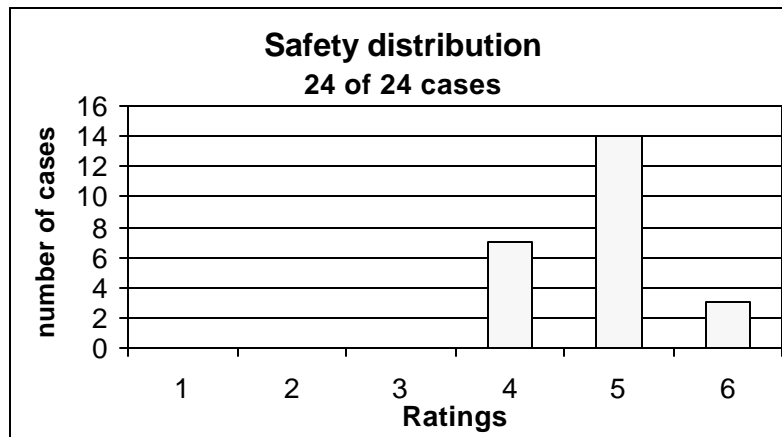
- 1) This score reflects the percent of cases that had an overall acceptable Child Status score. It is not an average of FY03 current scores.

Note: these scores are preliminary and subject to change

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

Findings: 100% of cases were within the acceptable range (4-6).



Case Findings:

All 24 cases reviewed (100%) had safety scores in the acceptable range, as was the case last year. This is a most notable achievement. Even more promising is the fact that 17 cases (71%) achieved a 5 or 6 rating, which means that safety was considered “substantial” or “optimal.” Only 29% of the cases received a score of 4, which is a “marginally acceptable” safety rating. The difference between a case scoring “substantial” and “marginally acceptable” for safety is reflected in the following two case story examples.

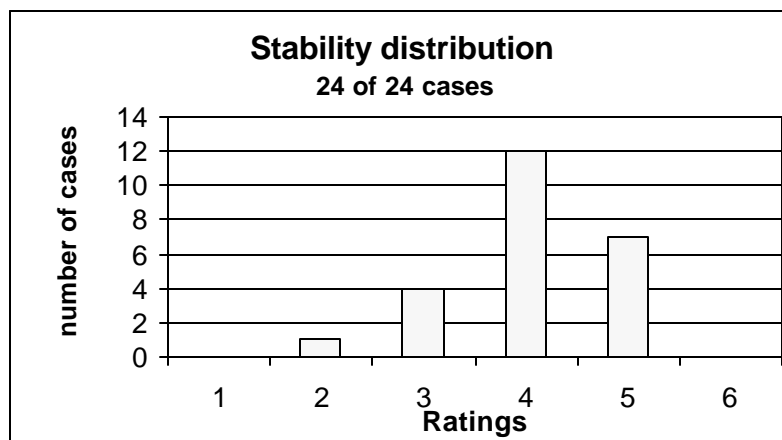
In a home where reunification has been successful, the reviewers rated safety as substantial (5) based on the following findings: *“The parents are now married and have established a stable home environment for all five children. The twins continue to have multiple medical appointments that are arranged by the mother and supported by the former foster mother. Both girls appear healthy, happy, and totally spoiled by members of the extended family...mother has been drug free for almost one year (after successful treatment involving the Drug Court) and seems to have a sound relapse plan created for those times that the lure of drugs becomes too much for her to handle by herself.”*

In another case where the child remains at home with her parent, safety was rated as minimally acceptable (4). The reviewer notes, *“At the present time, it appears that the child is in a minimally safe placement. Concerns regarding her safety include the fact that her mother continues to minimize the allegations that led to this case being opened, the fact that the child has made no progress in therapy over the past nine months, and the fact that her behaviors continue to be a problem. No written safety plan has been made.”*

Stability

Summative Questions: Are the child’s daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

Findings: 79% of cases were in the acceptable range (4-6).



Case Findings: The region maintained a majority of cases in the acceptable range, achieving 79% last year and this year. Most of the cases (50%) scored a 4, which is “minimally acceptable stability.” One-fifth of the cases reviewed were not considered acceptable. Findings in the area of case stability are closely linked to findings for prospects for permanence, and merit careful attention. The differences among stability findings and actions, which the system performed, or needs to perform, are reflected in the following case examples.

In a case that received a 5 rating for substantial stability, the following factors were noted by the reviewer: *“Mom agreed with the need for placement and she and the children’s father voluntarily relinquished their parental rights...mom requested that the children be placed with the peer parent she worked with...this peer parent and her husband had been licensed foster parents and mom has established a trusting relationship with her...placement with the peer parent would also allow the children to be in the same area...mom continues her bi-weekly visits with the children and adoption finalization is planned for (specific date).”*

Another case involving an 11-year-old boy in foster care with concurrent goals of long-term foster care and independent living was rated as minimally acceptable for stability (4) based on the following information gathered by the reviewers, *“There is currently a conflict of opinion among the team members about the transitional planning for the case. The therapist, foster mother, and the mother all anticipate that child will continue to spend the weekends with his mother and sister and will begin longer visits when school is out. The child wants to return home and does not view the foster placement as his family. The therapist has been working with all three family members in weekly family therapy sessions and is hopeful that the transition home could be accomplished over the summer...the Guardian ad Litem identified the next transition as stabilizing the child in his current placement. The Assistant Attorney General has a similar opinion. The caseworker feels that it is now up to the mother to make changes and to petition the court on her own if she wants the child returned home.”*

In another case involving long-term foster care and a concurrent goal of independent living for an older teenaged boy, the stability was deemed as inadequate (3). The case story reflects the following factors, *“The planning process did not seem to get beyond the assessment stage and it*

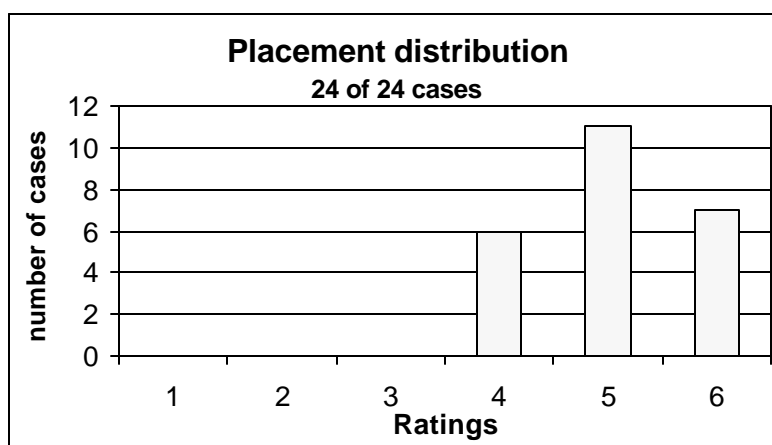
did not appear the professionals sought out effective methods of intervention for the child's specific attachment needs although there is the ability to consult in the area with therapists skilled in approaching attachment issues. It may have been that because this case is long-term placement with no return home or adoption that there might have been a tendency to defer decisions regarding intervention to the contract agency. That agency continued to move the child's placement as a way to manage the child's behavior...The child is likely to fail another placement in the next six months if significant efforts are not made to stabilize the child and help him and the foster family adjust to each other."

A good recommendation for improving stability in the latter case was made by the reviewer: *"Part of the intervention strategy may be to involve the foster parents in knowing how to recognize situations that may trigger reactions in the youth because of fear of rejection. They also need to know how to respond to him when he reacts negatively to them or appears to be agitated or oppositional. The parents will benefit from learning to apply parenting approaches specific to parenting oppositional and attachment disordered children. Modified parenting approaches can be important because these children often do not respond to ordinary parenting including standard parenting and generally recognized behavior modification interventions. Time outs sometimes need to be modified and worked in collaboration with the child."*

Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age ability, and peer group and consistent with the child's language and culture?

Findings: 100% of cases were in the acceptable range (4-6), a commendable finding. This is a slight improvement from last year's 96%.



Case Findings: All cases scored in the acceptable range, indicating that the child is living in the least restrictive, most appropriate placement necessary to meet all of the child's needs. More notably, 75% (18) received ratings of 5, where placements are substantially consistent with the child's age, ability, and peer group; or 6, where the placement is considered optimal. One-fourth

of the cases, while scoring acceptably, were rated as 4, meaning that the placement was minimally consistent with the child's age, ability, and peer group. Case examples that reflect the differences among cases in terms of "goodness of fit" with the needs of children are as follows.

In a case scoring 6 for an optimal placement, the case story reveals the following: *"The family with which the children were placed was experienced and well-prepared to deal with three young children with some needs beyond basic physical care. They had been foster providers for other children, had raised a series of closely spaced children of their own, and have the resources, both financial and emotional, to meet their needs...The frequent visitation when the children were in foster care and the respectful relationship between the foster parents and the birth family appears to have contributed to the birth parents willingness to voluntarily terminate their parental rights... Visitation with their birth parents has received consistent attention throughout this case. This has likely reduced the degree of anxiety experienced by the children."*

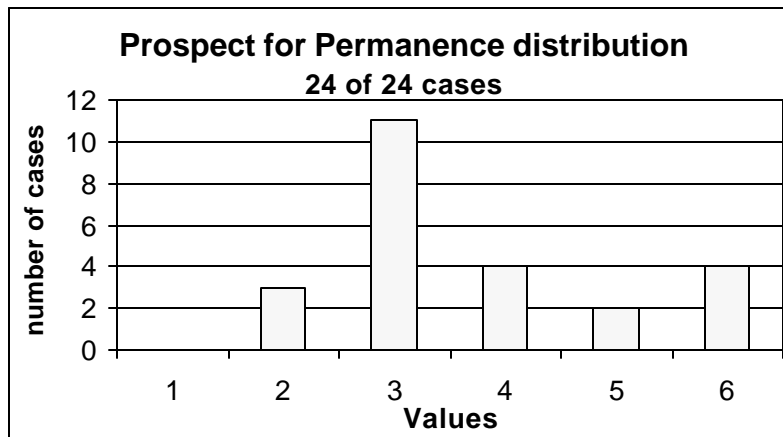
In a case involving the placement of a 14-year-old in a structured foster home, the child's basic needs are being well met although he desires to be with his mother. The case plan goal is reunification. As to the placement addressing his needs in a substantially consistent way, a 5 rating, the review states, *"The placement of this boy in the structured foster home has contributed to his success. The foster mom has good skills in working with youth and her patience and structure has worked well for him. She has reached out to meet his needs and the other professionals, including the caseworker, have been responsive. His health needs have been met through the foster parents and the caseworker's efforts."*

The important differences in addressing children's needs that might result in a 4 rating, where a placement is considered to be minimally consistent with needs are well demonstrated in the case involving a 16-year-old girl with a Native American heritage. The reviewer states, *"The foster parents have developed a loving home environment, which is helping keep her on track at school and home. The foster parents obviously love her and she seems to love them...though this is a good placement for her, there are areas in this placement that need improvement. Not much attention has been given to this young lady's Native American heritage...making more connections with part of her heritage would be desirable. She told the reviewers she would like very much to be involved in aspects of her Native American culture. She would like to attend dances and pow-wows. She also feels a great longing to be part of a family."* The goal in this case is long-term foster care.

Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

Findings: 42% of cases were within the acceptable range (4-6).



Case Findings: The number of cases scoring in the acceptable range for prospects for permanence (42%) was a significant decrease from last year's findings of 71%. The most predominant score for permanency prospects was a 3 (46% of the cases), indicating that a child has inadequate permanence. The performance of the network will have a significant bearing on how quickly and effectively permanency is achieved. The following case examples demonstrate the important system performance attributes that make the difference.

In a case where a child was determined to have substantial prospects for permanence (a 5 rating), the case story reveals that, *"The caseworker was attentive to permanency from the outset and with the exception of the shelter placement, made the first placement for these children their last placement. There was attention to the developmental needs of young children around permanency. The children have been placed together since the removal from their birth family. Although open adoption is not a part of Utah law, the willingness of the adoptive family to permit continued visitation will likely contribute to the adjustment of all of the children. The adoptive parents appear confident in their ability to manage this arrangement and are willing to change it should it prove not to be in the best interest of the children."*

In a case involving a 14-year-old girl in structured foster care with a goal of long-term care, the review found that prospects for permanence were inadequate, rating this issue as a 3. The case story provides these comments: *"This girl receives substantially adequate care in her foster home...her foster parents and the new therapist indicate that little progress was made toward therapy goals during her first year in therapy...the girl told the reviewers that she has had thoughts of suicide and running away. The foster parents rely heavily on the caseworker. They have four small children of their own and have recently accepted placement of another structured level foster child. The parents sometimes become involved in control battles with the girl...recent events in the home cast doubt on the current stability of the placement."*

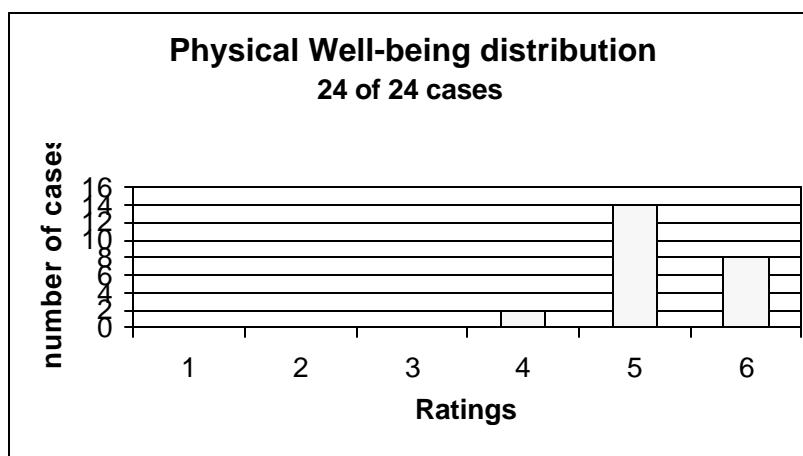
In a case with a goal of reunification for a three-year-old girl, prospects for permanence were inadequate, resulting in a score of 3, for the following reasons, noted in the case story: *"If there was a common theme revealed throughout the course of interviewing many of the respondents, it could be stated as an almost universal concern that the path required to reach the goal of this case, reunification with the mother, was unclear, hard to measure, and not plainly understood by*

the participants in the case. This lack of a precise definition of client expectations led to great frustration on the part of the child's mother, the kinship caretakers, the therapist providing group treatment, and the mother's paramour."

Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

Findings: 100% of cases were within the acceptable range (4-6).



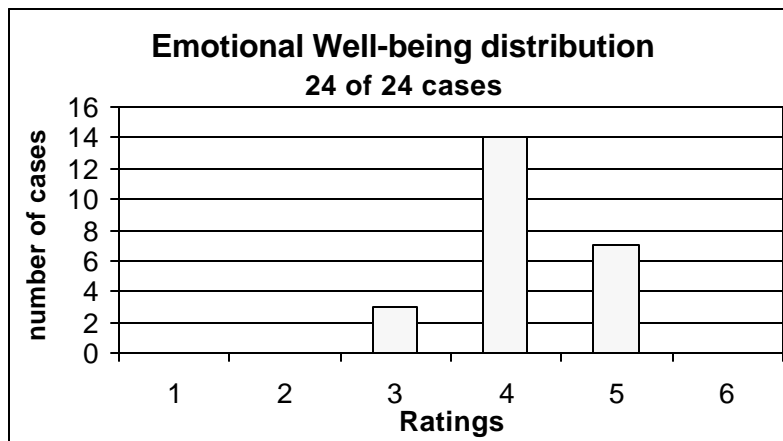
Case Findings: While all cases scored in the acceptable range, it should be noted that 92% had a rating of 5 or 6, meaning that the children were found to be in substantially good health or had optimal health status. One excellent example of careful attention to health needs that also demonstrates good system tracking and adaptation was found in the following case.

In the case story, the reviewer comments, *"The children's father has a physical condition known as Fabry's Disease, which causes pain in his extremities...Just lately there was some indication that the child could possibly be having some symptoms of the disease. In addition, only recently the school principal reported that one of the child's cousins in the school had a diagnosis of Tourette syndrome. Upon investigation, it was discovered that the child's paternal grandfather and uncle have a Tourette diagnosis as well. With this new information, the case manager began a referral process to a genetics clinic. All three siblings will be evaluated for both Tourette syndrome and Fabry's disease...This new development has not deterred the adoptive couple from completing the adoption."*

Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 88% of cases were within the acceptable range (4-6).



Case Findings: Eighty-eight percent of the cases scored in the acceptable range, which was the same finding last year. Half of the cases received a rating of 4, which reflects that there was minimally acceptable emotional/behavioral well-being in the home and school settings. A 4 rating reflects that special supports and services are necessary and are minimally adequate. The following examples show the difference in emotional well-being when the system supports are working dependably.

One case involved a four-and-a-half-year-old placed in an adoptive home. The child in the case received a 5 rating for emotional well-being, based on the presence of strong system supports as noted by the reviewer in the following comments, *“The foster parents have pictures of both parents on the their refrigerator and were present and supportive of the parents when they relinquished their rights. They are willing to reestablish direct contact with both, now or at any point in the future. The child’s emotional stability would be enhanced if the connection with her biological family were currently in place. Because she is so young, these tangible ties can quickly be lost, undermining her emotional stability both now and in the future as she grows older and has questions about her birth family and her racial and ethnic heritage. Her emotional well-being is presently very good, by all reports and observation. She appeared well attached to the foster parents during the review visit and was very nurturing and caring in her play with the 18-month-old adoptive child of the family. According to her teacher, she is a favorite of the other children in her class who clamor to sit beside her and to play with her...She is aware of the feelings of her classmates and often demonstrates empathy for them by patting them on the back and verbally comforting them when they are sad or upset.”*

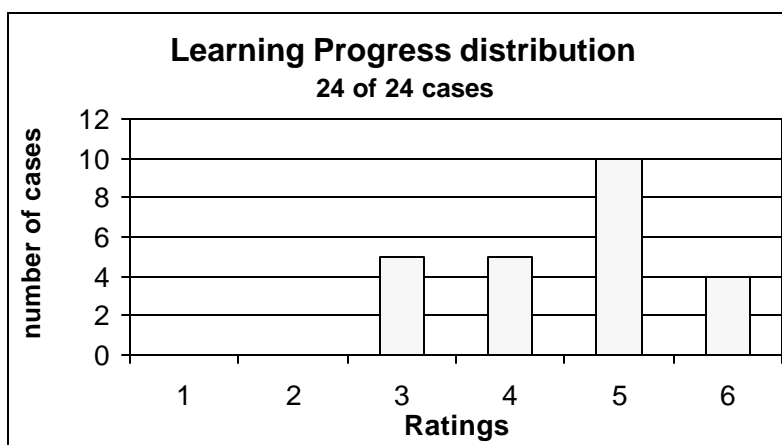
In a case where emotional well-being was only minimally acceptable, the supports and services, which were necessary, were minimally adequate. Of the six-year-old boy in a foster home, the reviewer notes, *“The child continues to experience intense feelings of loss due to separation from his mother...All involved with the family are seeing him making a substantial adjustment with the easing of some behavioral issues though some challenging behaviors remain...The therapist mentioned to reviewers that the child sexually acted out two to three times in the last*

three weeks...No one working with the family believes there is an adequate assessment of the child though the stage is set with the therapist to build such and understanding...the therapist expressed concern that he may be experiencing a post-traumatic stress disorder or an attention deficit hyperactivity disorder.”

Learning Progress

Summative Question: Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability?

Findings: 79% of cases were within the acceptable range (4-6).



Case Findings: The region maintained its performance rating from last year, 79%. The most frequently occurring score (10 cases) was a 5, indicating that a child is making substantial progress in most areas, consistent with age and ability. However, with 21% of the cases receiving a rating of 3, reflecting unacceptable progress in learning, and another 21% receiving a rating of 4, which reflects minimally acceptable practice, there is a need for continued system focus and work on this issue. Three examples from case stories are provided to show the important distinctions in system performance that makes the difference in a child’s learning progress.

In one case where a six-year-old girl in foster care received a rating of 5 for substantial learning progress, the reviewer notes the key system contributions, *“The child is currently in kindergarten in a classroom of only about 18 children. The case manager, therapist, and adoptive mom asked the school to transfer her from her first classroom of 30 children to the current one. She seemed to need more attention than the first teacher could give due to the size of the class...She was assigned a mentor through her previous school and that mentor follows her at the new school. She currently sees the child for one to two hours weekly to work on handwriting and reading skills. The mentor reports seeing a major improvement in her behavior. At the beginning of the year, the child was obstinate, stubborn, and did not follow rules. The mentor has seen a great deal of progress, which she attributes to the small classroom size and increased attention from the teacher.”*

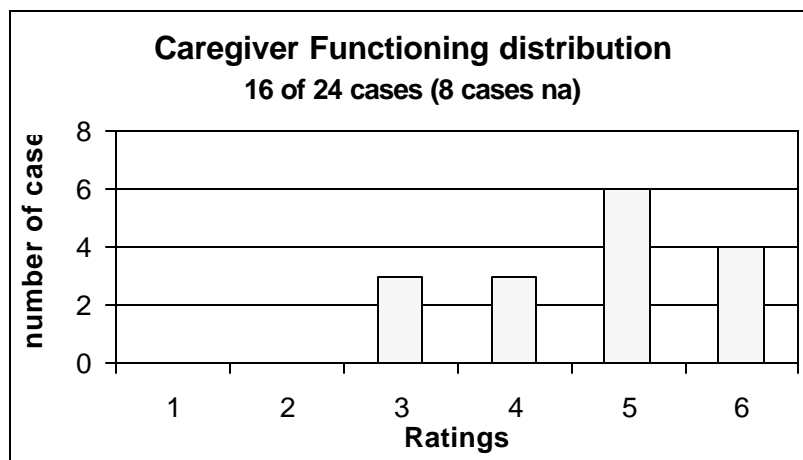
In a case scoring 4, minimally acceptable, for learning progress, the review notes, *"The school staff with the foster mother and caseworker held an IEP session and in January the child was placed in special education for math. When he started school his initial grades were mostly F's. He has improved on several of those grades and brought a few of them up to D's. He was assigned a tracker who follows his school progress and provides assistance with school topics. This has been a good support for him."*

In a case scoring 3, partially unacceptable, for learning progress, the reviewer found, *"The child continues to struggle in school and is two grades behind. While his attendance has improved since being placed with his aunt, his follow through with homework has not. The teacher continues to express frustration over the lack of parental support for his education."* The reviewer recommends, *"The worker should also facilitate regular meetings that would include herself, the child, the mom, and the teachers to best help the child come up to grade level. All those involved in the care of the children should be enlisted to help the child succeed in school."*

Caregiver Functioning

Summative Questions: Are the substitute caregivers, with whom the child is currently residing, willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

Findings: 88% of cases were within the acceptable range (4-6).



Case Findings: The findings for caregiver functioning remained high and fairly consistent with last year, at 88% of cases in the acceptable range. Sixty-nine percent of the cases (11 of 16) were rated as substantially adequate caregiving (5) or optimal caregiving (6). Three of the cases (25%) received a rating of minimally adequate caregiving. Two cases involved an unacceptable caregiver functioning score. The differences among these ratings are reflected in the following case examples.

One of the four cases receiving a 6 for optimal caregiving involved medical neglect by the parents of two children who have type one diabetes. The reviewer notes, *“The children have only been in care a short time...The foster mother has committed the time to learn what to do to help the children with their diabetes. She attends the weekly diabetes clinic with both children. She gets up at midnight and 3:00 a.m. to test their blood sugar. She drives the children and the children’s biological mother to the clinic. She is very supportive of the reunification plan.”*

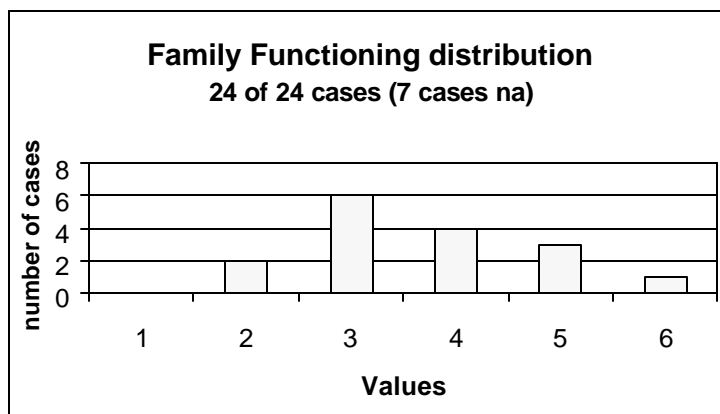
In a case involving a 5 for substantially adequate caregiving, the case story reveals that, *“The caregiver has provided the teenager with the structure that he needs She has been successful in helping him to improve his behaviors and has done an excellent job of working with his mother to help her learn how to deal with his difficult behaviors. She wants to see the family reunited...The foster mother stated that she does not like to get too close to her foster children. This is a concern for the teenager since his permanency goal is long-term foster care.”*

In another case involving two teenaged sisters in foster care where the caregiver functioning was considered to be minimally adequate, a rating of 4, the reviewer reports, *“The foster parents are providing for the sister’s physical and emotional needs. They are helping her to achieve her goals. The school mentor and therapist have a concern that a few parenting practices seem unusual. The girls cannot come upstairs after 8:00 p.m. and the foster parents insist on the girls calling them mom and dad. The foster parents also told the reviewers they could use some help in dealing with teenage girls.”*

Family Functioning and Resourcefulness

Summative Questions: Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

Findings: 50% of cases were within the acceptable range (4-6).



Case Findings: This year's findings of family functioning and resourcefulness, 50% of the cases in the acceptable range, is a significant decrease from last year's finding of 70%. The most frequently occurring rating was a 3, (30% of the cases where family functioning was relevant), which indicates that family functioning is partially unacceptable. Family functioning and resourcefulness are critically important to case resolution when reunification is the goal, and a strong rating bodes well for the long-term success of the family in maintaining the progress they have made.

There is a close connection between this finding and the findings for child and family participation, which reflect similar low numbers of acceptable cases, and a decrease in performance from last year. When there is not a strong engagement of families in determining and agreeing upon underlying challenges that must be addressed, and then a plan of action that families feel is well attuned to their needs and goals, the prospects for progress and change are not good. When families are not fully engaged, the system misses the opportunity to leverage family resources, which may be critical to short and long-term success. The following case examples show the differences in family resourcefulness and the close connection to different levels of family engagement.

In a case scoring a 5 for substantially acceptable functioning and resourcefulness, a mother with a long-term substance abuse problem has been drug free for more than a year. The reviewer comments, *"Rather than a punitive approach to coercing change in participants, all members of the Drug Court team seem dedicated to the belief that positive support of parents willing to deal with their drug issues is more beneficial and more likely to achieve the desired outcomes for participants. Such was certainly the case with this mom. The availability and support of her immediate family made a tremendous difference in the outcomes achieved. In addition to physical supports, they have provided emotional supports as she has dealt with her drug and family problems. The foster family that regards themselves as being partners with birth families allowed this young mother to stay actively involved in the daily care of her children. Rather than having to meet all of their medical providers when the girls were returned to her care, the mother participated with the foster mother in taking the girls to their medical appointments during the six months they were in care. The foster family remains a support and resource to the mother and her children even after the return of the children."*

In a case scoring a 4 for minimally acceptable family functioning and resourcefulness, the review notes, *"The family functioning is at least minimally acceptable. Many of the family needs are being met and they have and are developing connections to essential supports. The weakness lies in localized resources...Because the family just moved, they have not yet established a relationship with neighbors...it does appear that when it comes to informal supports the family is somewhat isolated. They don't report having any close ties with relatives that live close. They are not affiliated with any persons in the faith community...Formal supports are more developed...The family reports that supports and services are dependable and satisfactory."*

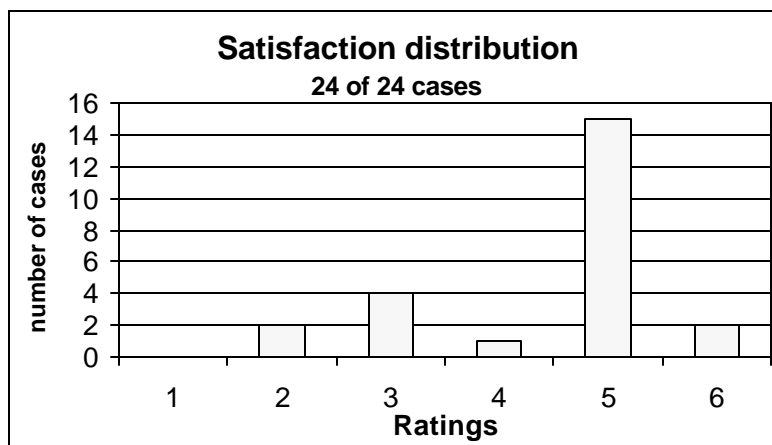
In another case involving a mother with a substance abuse problem, poor progress has been made with her participation in treatment. Although the case manager made good attempts on a personal

level to engage the mother, the engagement of her family through an active team process had not yet occurred. Family functioning and resourcefulness was rated as 3, partially unacceptable, and the reviewer notes, *“The mother has yet to accept responsibility for her substance abuse and continues to focus blame on others for her lack of success. Her family supports her in this attitude...Her main source of support appears to be her family. They have been willing to step forward and help her with the children and are a source of emotional support for her...there could have been ongoing use of the family team to better monitor her progress in treatment, and prevent the communication gaps that allowed her to play one agency against the other. Had there been regular, face-to-face team meetings, this probably would not have occurred.”*

Satisfaction

Summative Question: Are the child and primary caregiver satisfied with the supports and services they are receiving?

Findings: 75% of cases were within the acceptable range (4-6).



Case Findings: There was a slight drop in the level of family satisfaction from last year, going from 88% of cases in the acceptable range to 75%. It is not unusual to see a higher level of family satisfaction than level of family engagement. Families may feel that the professionals they interact with are respectful and helpful, but when asked whether they have been involved in the development of their case plan goals, they report that they have not. It may be that as families come to expect a higher level of engagement in case planning, their level of satisfaction when it does not occur will be lower.

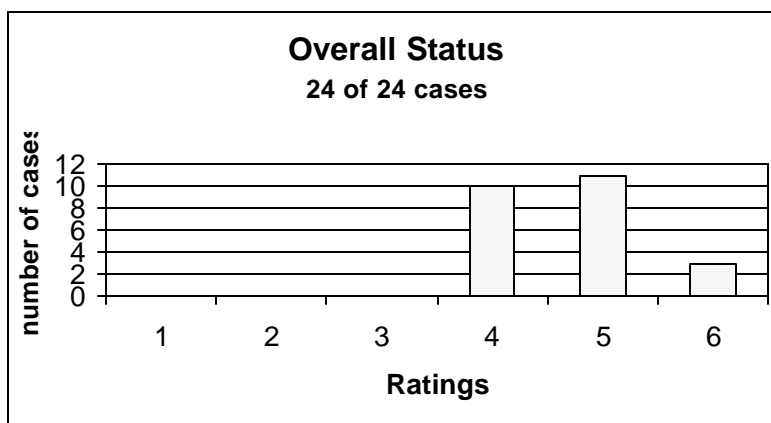
In a case scoring a 5 for substantial satisfaction, the case story notes, *“The foster parents are very satisfied with the work of this Child and Family Services worker who has been working with the case only for two months. They were impressed with his fast action to help resolve their foster child’s insistence that he be returned to shelter. They feel they are getting the support they need from the department through the therapist and the school mentor.”*

In a case scoring a 3 for partially unacceptable satisfaction, the reviewer comments, “*When the reviewers met with the parents, they made it clear that the supports they were most interested in were financial. Both seemed to discount the other ways Child and Family Services and other agencies were attempting to help mom succeed as a self-supporting adult and parent. Both express mild dissatisfaction with the agency.*”

Overall Child Status

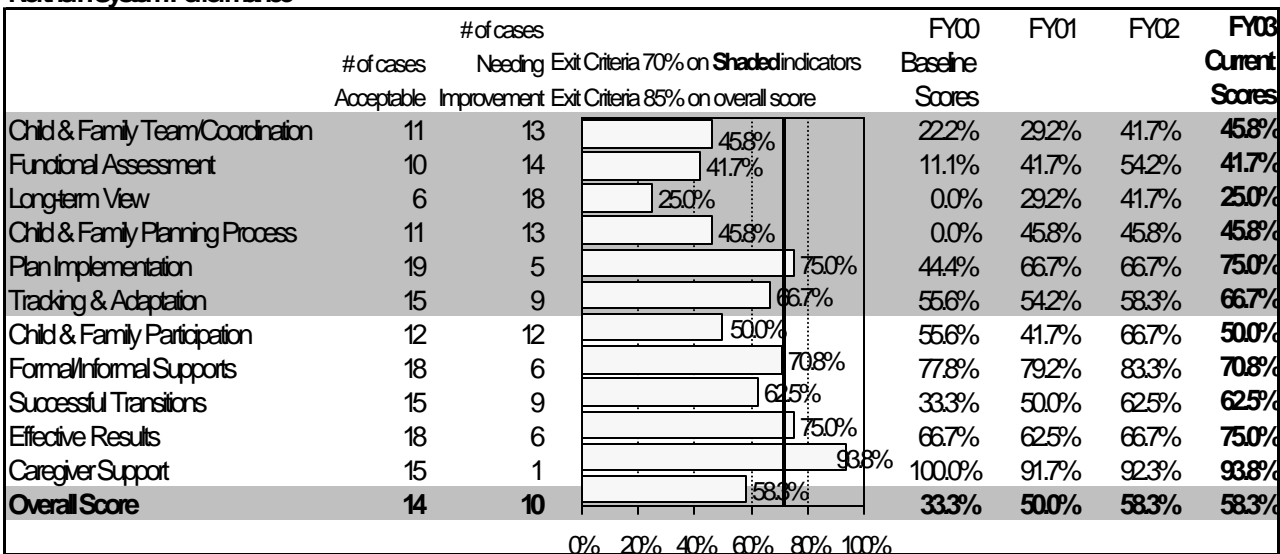
Summative Questions: Based on the Service Test findings determined for the Child Status Exams 1-11, how well is this child presently doing? Overall child status is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall Child Status using a 6-point rating scale.

Findings: 100% of cases were within the acceptable range (4-6).



System Performance Indicators Overall System

Northern System Performance



- 1) This score reflects the percent of cases that had an overall acceptable System Performance score. It is not an average of FY03 current scores.

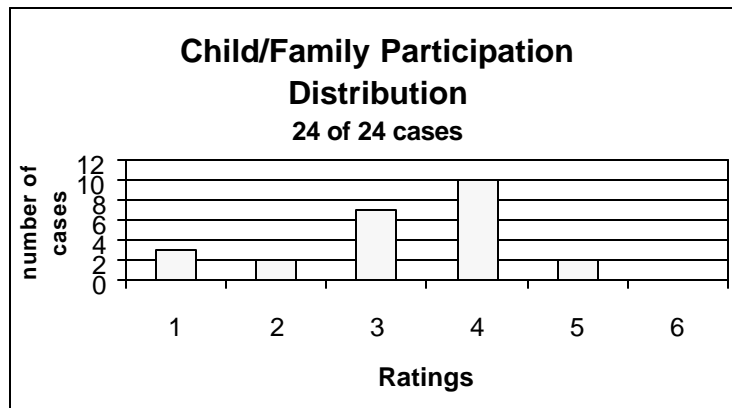
Note: these scores are preliminary and subject to change

System Performance Indicators

Child/Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

Findings: 50% of cases were within the acceptable range (4-6).



Case Findings: Fifty percent of families reported feeling engaged. This was a decrease from last year's finding of 67%. The most frequent finding was 4 (42% of cases) where participation was rated as minimally acceptable. The second most frequent finding was 3 (29% of cases) where participation was rated as partially unacceptable. The differences in level of engagement are reflected in the following different case examples.

In a case involving an older teen whose case plan goal is long-term foster care, the level of engagement was rated as a 4, minimally acceptable. The reviewer notes, *"The child wished for more responsiveness from workers but was highly complimentary and grateful that the agency intervention had helped him achieve a level of success greater than his parents. The child was clear that he thought his life had been better because of the intervention of Child and Family Services that took him from a very bad situation with his biological family...he has strong ongoing relationships with caseworkers, therapists, and school personnel."*

In another case involving a 13-year-old teen who is living with her mom and having difficulty completing her court-ordered community service hours, the level of family participation was rated 3, partially unacceptable. The reviewer explains, *"Another concern is the low level of mother and daughter's participation in the teaming and planning process. When asked about her team, the mother identified the family preservation worker and the intern as the team. When asked about a Family Development Plan or a Family Preservation Plan for her situation, she was very unclear about what the reviewers meant. She seemed unfamiliar with the teaming and planning process...the family preservation worker said that the 13-year-old was not invited to or involved in the child and family team meetings."*

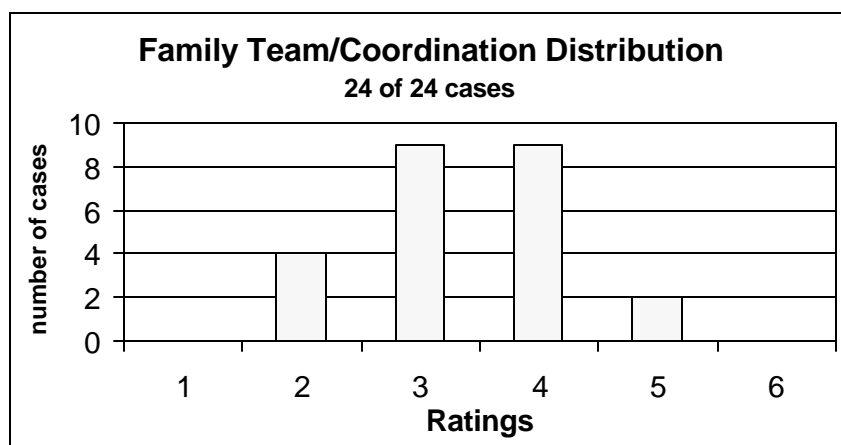
Another case involving a 16-year-old girl with a goal of long-term foster care received a rating of 2, substantially unacceptable child and family participation. This story provides several illustrations of the key link between family engagement and other system performance factors. The story notes, *"Services have not been culturally responsive. As noted in the narrative, little work has been done to try to connect the teen with her father and her Native American culture. Essentially, the father's refusal to attend therapy has caused him to be excluded from the case. The caseworker has not worked with the father or his relatives in planning services. Because of this, long-term view is rated partially unacceptable. Everyone interviewed believes the teen will*

continue to try to have a relationship with her father throughout her life and she wants more involvement in her Native American culture, yet these issues have not been fully explored. Also, functional assessment is rated as partially unacceptable because the reasons for father not attending therapy or not being involved in the case have not been assessed.”

Child/Family Team and Team Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

Findings: 46% of cases were within the acceptable range (4-6).



Case Findings: The percentage of cases in the acceptable range reflects a slight increase from last year, going from 42% to 46%. Thirty-eight percent of the cases were rated as minimally acceptable (4) for family team coordination, and another 38% were rated as partially unacceptable (3). Effective teamwork and collaboration will be key to successful plan implementation, tracking and adaptation, and results for the family. Lower scores for this item are a predictor of lower scores on these other network performance indicators.

In a case involving an 11-month-old child and a case plan goal of reunification, the child and family team coordination was rated as 4, minimally acceptable. The following information was provided in the reviewer’s comments, *“The team appears to be complete. A functioning team is in place that has met only twice, but all parties have the information of the direction this case is headed. Contact among the team members is frequent.”* However, the mother’s therapist, whose clinical perspectives on the family were deemed important, has not participated in any team meetings.

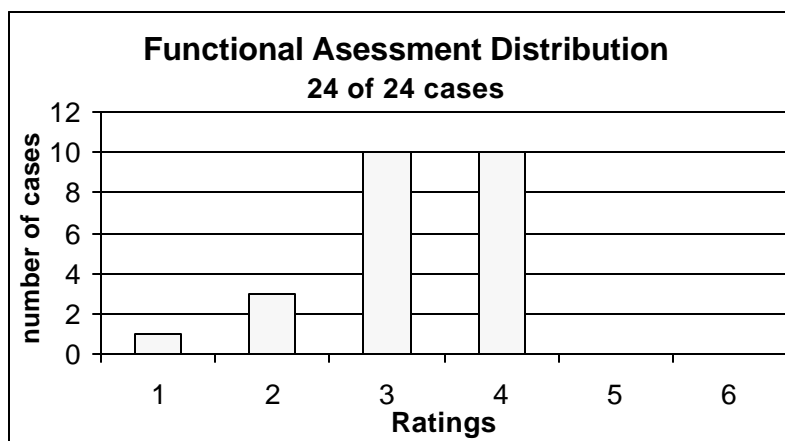
In a case involving an 11-year-old with a goal of long-term foster care, the child and family team coordination was rated as 3, partially unacceptable. The reviewer finds, *“The mother and the foster parent report that they have some participation in team meetings and have been involved in decisions...the plan is individualized; however it is not an accurate summary of the big picture assessment and the long-term view for the child. The plan states that the concurrent goal is long-term foster care and the main objective will be to have the child returned home...team members are not fully informed about the mother’s mental health status and the financial issues she is facing with the possible depletion of TANF benefits.”*

In a case involving the adoption of a four-year-old child legally available for adoption, the child and family team coordination was rated as 2, substantially unacceptable. The reviewer found, *“Factors that contribute to unfavorable results lie in system performance and are primarily related to teaming. Effectively, there has been no team planning. The team members have been identified, and the caseworker maintains contact with those individually, but reviewers could find no one who said they had participated in a meeting of those individuals. In debriefing with the caseworker, we discussed that her efforts are certainly considered coordinating or partnering, and she has done a commendable job of both; however, the case is lacking the benefits of group thought, brainstorming, and the synergy that results from having the team members in the room together. Thus, unacceptable scores were derived in child and family participation, child and family team coordination, and child and family planning process.”*

Functional Assessment

Summative Questions: Are the current, obvious, and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

Findings: 42% of cases were within the acceptable range (4-6).



Case Findings: The finding of 42% of cases having an acceptable functional assessment is a decrease from last year's finding of 54%. All of the cases that were rated as acceptable were rated as 4, which is a minimally acceptable functional assessment. Forty-two percent of the cases were rated as having a minimally acceptable level (4) of child and family planning, and 42% were found to have a partially unacceptable level (3) of planning. A strong functional assessment is the foundation for effective case planning and results. A good assessment is generally found in the context of good family engagement and active, consistent teaming.

In a case, which scored 4, minimally acceptable for functional assessment, the goal was adoption and the expectation was for mother's ongoing involvement and visitation. The case reviewer notes that, *"The functional assessment did not mention mother's underlying needs such as her abandonment by her husband and mother; her history of mental retardation, her sexual abuse by her own father; domestic violence issues; her educational level and how those issues impact her ability to parent...One team member believes mom is clinically depressed yet that is not addressed in the assessment. Mom's health issues were not addressed."*

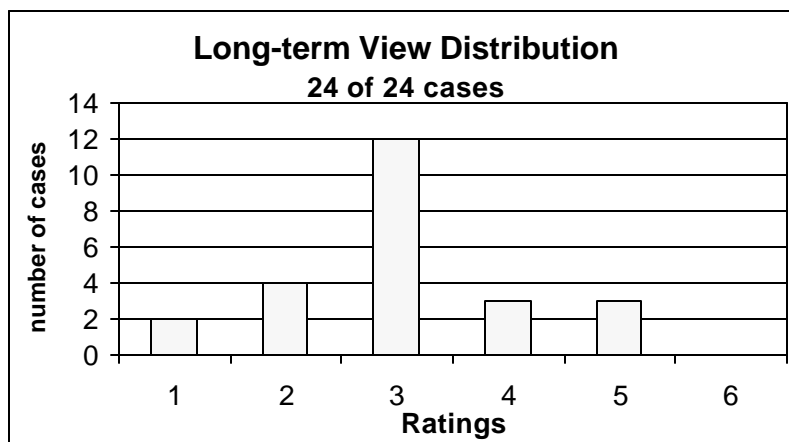
In a case involving a plan of reunification for an 11-year-old boy, the functional assessment was rated 3, partially unacceptable. The reviewer found that, *"The team has not developed the functional assessment. Some information from the mother has been included in the assessment but some important issues have been overlooked. There has never been a psychological evaluation completed on the mother to determine how serious her mental health problems are and to determine if she had the appropriate services to help produce successful outcomes for the family. What does the mother need to be able to adequately parent her children without Child and Family Services involvement?"*

In another case where the functional assessment was rated as 3, the reviewer provides the following information, *"Two other areas were negatively impacted by the lack of a team process: functional assessment and long-term view. Both of these are to be developed by the family team. Lacking team thought and input, this functional assessment became an updated social summary prepared by the caseworker, based on information she shared with and learned from individual team members, rather than an examination by the group on how the child and family are functioning across life domains. Without a dynamic functional assessment, the long-range view suffers. In this case, the long-range view is one-dimensional and ignores a legal issue as yet unresolved. Factors lacking credibility in the view of the caseworker might have been given fuller attention if there had been team meetings, which could have allowed a broader perspective in the development of the long-term view and case plan."*

Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

Findings: 25% of the cases were within the acceptable range (4-6).



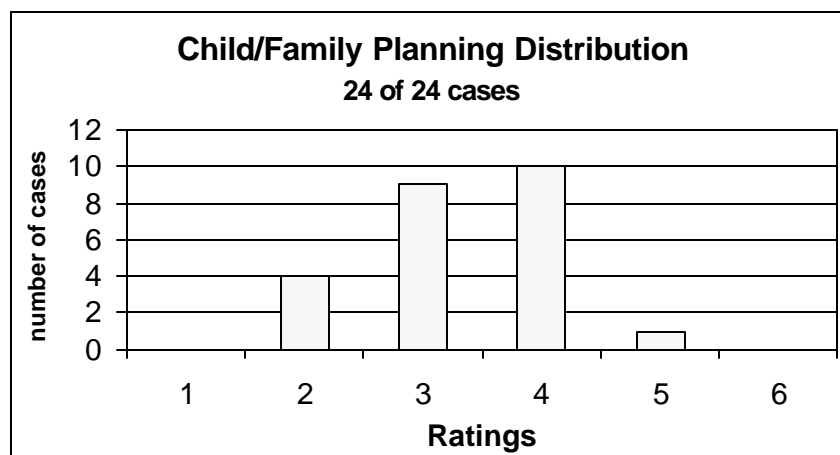
Case Findings: This year's findings of 25% of cases in the acceptable range are a significant decrease from the 42% last year. The most frequently occurring rating was 3, partially unacceptable long-term view, in one-half of the cases. The ability of a team to develop a long-term view is critical to ensuring that families achieve a level of change that can be sustained and will ensure against recidivism of child abuse. The differences in the case examples below illustrate the impact that strong teaming can have.

In a case involving a 17-year-old boy who will soon transition to independent living from a structured living foster home, the long-term view was rated as a 5, substantially acceptable. The case reviewer comments, *"His explicit written long-term view included in the updated function assessment indicates a plan to transition him into adult living. There are two plans being considered. The plan in progress is to proceed with independent living administered by the provider and the school including skill development and either graduation or GED preparation/completion. The alternated plan is to enroll him in Job Corps...The team is generally on the same page and updates and adaptations are timely and reflect emerging needs/issues...all these factors have resulted in an explicit written long-term view, which prescribes a clear path toward this child's achievement of independence...based upon the gradual progress identified by the team and the presence of a well-thought out long-term view, this child's overall status is likely to improve over the next six months."*

Child and Family Planning Process

Summative Questions: Is the service plan individualized and relevant to needs and goals? Are supports, services, and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

Findings: 46% of cases were within the acceptable range (4-6).



Case Findings: The finding of 46% of cases within the acceptable range is a slight decrease from last year's finding of 46%. As with the findings for functional assessment, 42% of the cases were rated as having a minimally acceptable level (4) of child and family planning, and 46% were found to have an unacceptable level of planning. It will be difficult to have a planning process that is highly relevant to the needs of the child and family when functional assessments are insufficient.

The one case scoring a 5 for child and family planning process involved the mother with a chronic drug history who was admitted to the Drug Court program. Of the planning process involved with the Drug Court, the reviewer wrote, *"Through her focused participation in that program, the mother was able to deal with her drug issues and in a remarkable short period of time, graduated with great fan fare as a success story for herself and that program. During the time of her participation in the program, she attended weekly court sessions, individual therapy, twice a week NA meetings, and group therapy with other parents. Only once, early into the program, did her UA reveal drug usage that immediately resulted in a three-day confinement in jail. Seemingly, this immediate consequence for new drug use got her attention as no further UA's indicated a repeat of that situation...prior to the children's return to their family, the agency worker made efforts to ensure a smooth transition. Even after their return, the foster mother has maintained contact with them and has assisted the mother in securing medical attention for the children by providing transportation to doctor's appointments."*

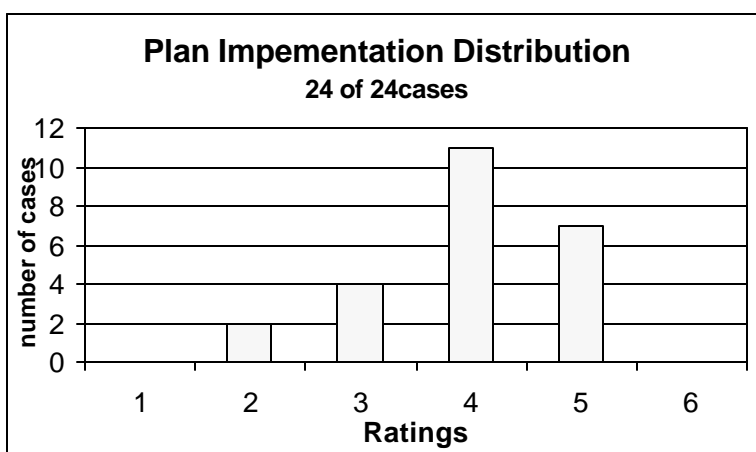
In a case scoring 4, minimally adequate planning, two children remain at home with their parents under protective supervision. The case story notes, *"Although the team members have a vision of the family being on their own this summer, the thing that seems to be lacking are the concrete steps in several key areas to get to that goal. Such as getting services and supports closer to the family and who is responsible for doing what and by when. What is expected from the child's therapy and how will his behaviors be measured? Will the school be a part of this assessment process?...plans need to be strengthened in such areas as addressing informal supports and getting services closer to the family. The family has also expressed interest in respite."*

In a case with a goal of reunification of an 11-year-old boy, the planning process was assessed as a 3, partially unacceptable. The reviewer's comments state, *"The mother has not been involved in the service planning or development of the functional assessment. She was given a copy of the service plan and informed of what she needed to accomplish in order to have her son come back home. These assumptions were made largely due to her past history and mental health issues. As she stated she was given the service plan and directed to find her services...the caseworker has gotten various services to the child, either through the access of the foster mother or at his doing."*

Plan Implementation

Summative Questions: Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services, and resources available to the child and family to meet the needs identified in the service plan?

Findings: 75% of cases were within the acceptable range (4-6).



Case Findings: The number of cases with acceptable implementation of plans increased from 67% last year to 75% this year. The most frequent rating was a 4 (11 cases), minimally acceptable plan implementation, but the second most frequent rating was a 5 (7 cases) for substantially acceptable plan implementation. The differences in minimally acceptable implementation and substantially acceptable are shown in the following examples.

In a case where the plan implementation was rated as a 5, the case reviewer stated, *"The parents have completed the assessments for substance abuse and neither was recommended to participate in treatment. The worker indicated that the mom and she had talked early on, when they first met for voluntary services, about what the family would like to be involved with. The mom has followed through with arranging all the services that were indicated, including assessments for the children's developmental and educational needs. The parents report enjoyment for the parenting classes they are involved in. They indicate that they feel that it has*

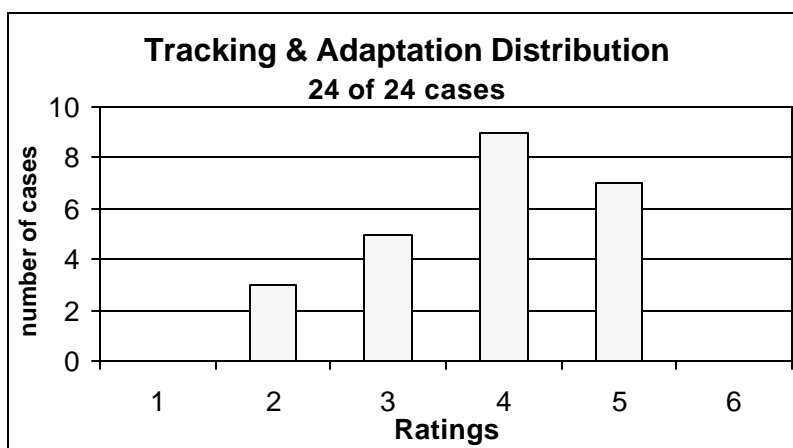
been good to be involved with a group of other parents and it has validated that they are doing okay. It has also helped them in understanding their styles of parenting and working on consistency.”

In a case where reunification of an 11-year-old boy has already occurred, plan implementation was rated a 4, minimally acceptable. The factors covered in the case review are described in the case story, *“With the return of the child home, it appears that his behavioral outbursts have diminished from what they were in foster care. He has taken hold of his actions and appears to be sincere in his desires to not do the same things that got him in trouble in the first place. The only way he could have gone back in the home was for the therapist to see real progress and this is what the therapist reported to the reviewers. The parents have completed or are on the way to completing everything that they have been asked to do...The underlying cause of why he has behavioral problems has not been addressed...Although team members have a vision of the family being on their own this summer, the concrete steps in several key areas to get to that goal are missing.”*

Tracking and Adaptation

Summative Questions: Are the child and caregiver’s status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

Findings: 63% of cases were within the acceptable range (4-6).



Case Findings: The percentage of cases that were in the acceptable range (63%) remains consistent with the findings from last year. The most frequent finding was 4, minimally acceptable tracking and adaptation, in nine cases. The second most frequent finding was 5, substantially acceptable tracking and adaptation, in seven cases.

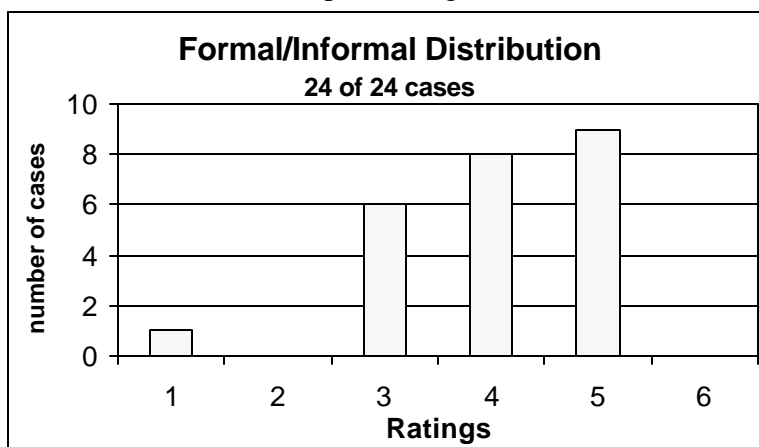
In a case involving a youth with severe acting out behaviors where significant progress was noted, the tracking and adaptation was rated a 5, substantially acceptable. The reviewer found that, *“Child and family team meetings have been held to monitor progress and discuss changes that need to be made in service direction. Those participating in team meetings have been the youth, the caseworker, the therapist, and the father. Other staff have participated in team meetings occasionally. The caseworker is seen as the central point of coordination and facilitates most child and family team meetings.”*

In a case where a 16-year-old girl with concurrent goals of long-term foster care and independent living, tracking and adaptation was rated as 3, partially unacceptable, based on underpowered efforts to assist in building a relationship with her father. The review noted, *“The plan has not been adapted to adjust to areas that are not working. The father is obviously not participating, yet there does not appear to have been much effort to try to determine why he has not participated and then modify the plan accordingly.”*

Formal/Informal Supports

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and caregiver in reaching levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

Findings: 71% of cases were within the acceptable range (4-6).



Case Findings: This year’s findings show a decrease in the percentage of acceptable cases, from 84% to 71%. The most frequently occurring rating was 5 (nine cases), substantially acceptable formal and informal supports, followed by 4 (eight cases), minimally acceptable supports.

One case involving a goal of independent living for a 17-year-old boy living in structured foster care showed a unique combination of formal and informal supports. The reviewer notes, *“His primary arrays of formal support are encompassed in the provider system. He receives regular weekly counseling sessions with his therapist who coordinates with the foster parents...The*

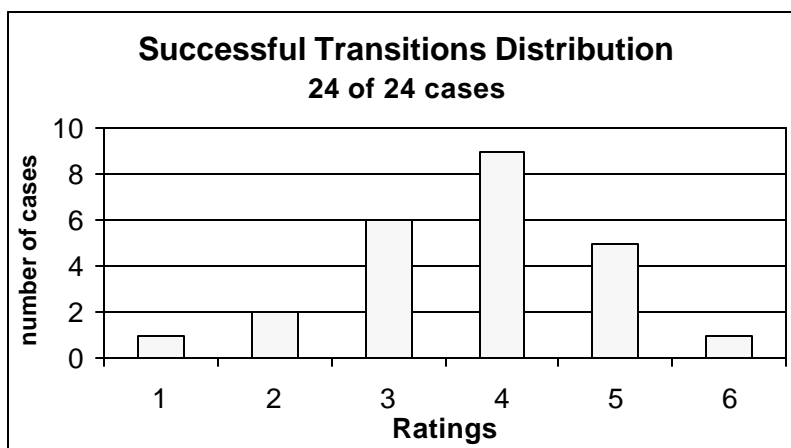
provider's school tracker serves as the liaison between the school, foster parents, and therapist and also ensures compliance with scheduling by providing transportation to various appointments...His family makes up his informal support system. He is visiting regularly with his mother and half sister and it is indicated that there may be some support from the extended family...Plans call for his mother to become an active participant in counseling with him to help ensure that she can be a viable support as he moves toward independence. The foster parents have also indicated that they are willing to provide support after he leaves care, including a place to live if necessary."

In a case receiving a 4 rating, minimally acceptable, for informal supports, the reviewer notes, *"There were many formal supports put in place for mom and her children...Little was done to develop a stable informal support system which would have included relatives and others with whom mom had developed a trusting relationship. Mom named several people she would have included on her team...According to the aunt and uncle, no one ever asked them what they what they thought would be best for mom and the children."*

Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth, and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

Findings: 63% of cases were within the acceptable range (4-6).



Case Findings: The percentage of acceptable cases, 63%, remained the same as it was last year. The most frequently occurring rating was 4 (nine cases), which reflects minimally acceptable transitions. The second most frequent rating was 3, in one-fourth of the cases, which indicates partially unacceptable transition planning. The examples below show the difference that an active, well-functioning team can make in planning transitions.

One case involving an older teenager boy about to transition to an independent living program received a rating of 5, substantially acceptable, for planning a transition. The case reviewer notes, *“The youth is currently involved in the transition to independent living dorms. It is expected that this will take place once he has completed his relapse prevention plan. The youth, his father, and therapist have visited the independent living dorm and agree that this is the best option for him at this time. He will be leaving for a weekend stay at the dorms following this review. His therapist will also be communicating with the dorm’s therapist to provide recommendations for continuing treatment. An added bonus is the fact that his current psychiatrist will continue to work with him regarding medication management, which all agree is essential. Alternatives to continue his education are being explored as well as employment opportunities. Another transition that needs to be planned is his exit from custody to living independently.”*

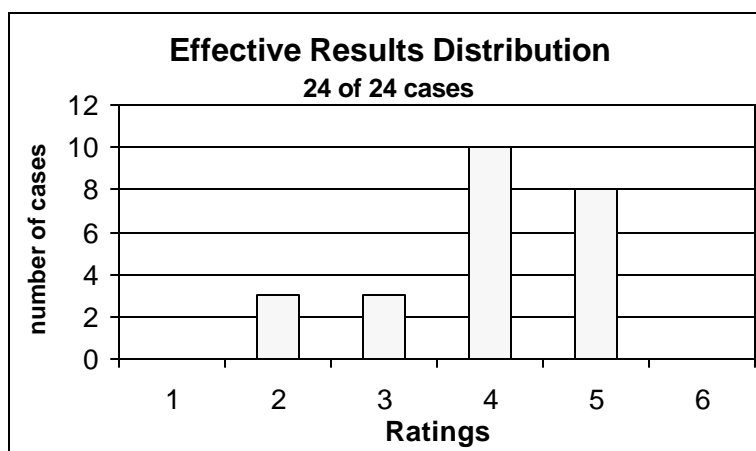
In a case involving an adoption, which is about to be finalized, some important issues had not yet been addressed which resulted in a rating of 4, minimally acceptable transition. The case story states, *“Currently mom is included in the children’s lives and the current plan is to allow her a large degree of involvement but to a lesser degree upon adoption. No one has yet helped mom to know what will be permitted/expected of her upon adoption finalization. The adoptive parents plan to refer the children to a special program for grieving children to help them through the process. The child will soon transition from kindergarten into first grade and the worry for the adoptive parents is that she might not yet be ready for a large classroom. They have planned for her to attend summer school as a part of the transition and then enter a regular first grade class in the fall. If she cannot handle the large group, she will attend for half days only and be home schooled by her adoptive mom for the remaining part of the day. Because the therapist is a social work intern, he will be leaving the agency within a few weeks. Currently there are no definitive plans for transitioning the child to a new therapist or any team decision about whether she needs to continue therapy.”*

A case that involved an older youth with a goal of long-term foster care received a 3, partially unacceptable, for transition planning. The reviewer discussed the following issues, *“This youth is facing a number of changes and transitions in his life. He recently transitioned into his current foster home and had a change in therapists. The change in therapists occurred as a result of the placement change. The new therapist counsels with another foster child in the home and it was seen as convenient to have her see both boys in the home. Stabilizing him in the new home and helping him deal with emotions that result from attachment issues may be critical tasks at this time. The situation in the home may need to be dealt with differently than has been done during previous placements. Other transitions needing consideration include planning for education and training following high school. He has not found a job and has little work experience...As he transitions from care the relationship with his family of origin that includes his siblings may play a factor in his long-term adjustment. It is unclear whether his father who has his older brother will be a significant support.”*

Effective Results

Summative Questions: Are planned education, therapies, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

Findings: 75% of cases were within the acceptable range (4-6).



Case Findings: 75% of the cases were in the acceptable range for effective results for the child and family. This increased from 67% last year. The most frequently occurring rating was 4, minimally acceptable results in 10 cases. The second most frequently occurring rating was 5, substantially acceptable results (eight cases). The differences in these ratings are shown in the following case examples.

One case involves two young siblings living in a foster/adopt home with a goal of adoption. The effective results were rated a 5, substantially acceptable, based on the reviewer's findings, *"As of this review, the siblings are settling into their foster/adopt home. Their behaviors are beginning to demonstrate the positive effects consistent parenting by caring parents and a home in which their basic needs are reliably met...The boy's school behavior and achievements are showing dependable signs of improvement and he has positive relationships with his mentor, teacher, and a small group of friends in his kindergarten class. He is beginning to develop a trusting relationship with his therapist, which will form the basis for work with him on attachment issues as well as issues of prior abuse and neglect."*

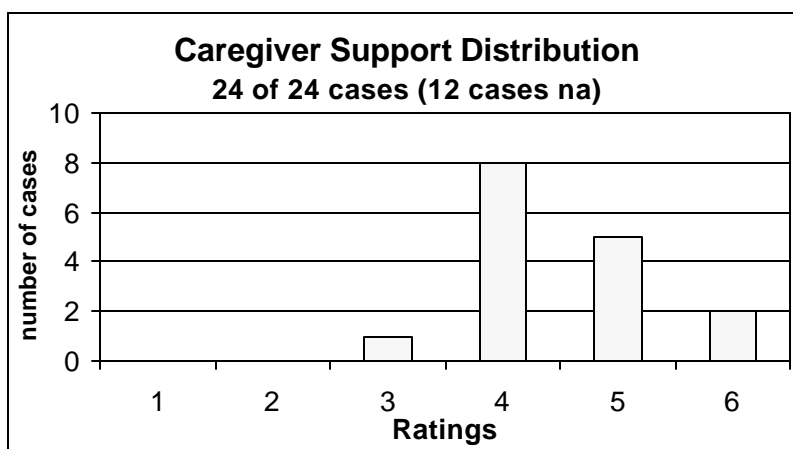
A case involving an 11-year-old boy in foster care with a case plan goal of reunification has had some effective results, and they are rated a 4, minimally acceptable. The case story reflects, *"Due to the appropriateness of his placement and the positive benefits of medication, the child is doing much better in school and he seems to be more motivated to learn. He is also getting along better with his peers and his family when he visits home on the weekend...There are still many unanswered questions about whether his mother is able to adequately parent a child with*

difficult behaviors. Her daughter is about to turn 13 and the therapist had some concerns about her also.”

Caregiver Support

Summative Questions: Are substitute caregivers in the child’s home receiving the training, assistance, and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity, and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

Findings: 94% of scores were in the acceptable range (4-6).



Case Findings: Ninety-four percent of the cases were rated as having acceptable levels of support to caregivers. This is consistent with last year’s findings of 93%. The most frequently occurring finding was 4, minimally adequate support to caregivers, in eight cases. The differences in caregiver support are reflected in the examples below.

A case involving a six-year-old in a foster/adopt home with his younger sister reflects some difficult behavioral issues that the foster family is dealing with. The caregiver support was rated as 5, substantially acceptable. The case reviewer states that, *“The foster parents are very satisfied with the work of this Child and Family Services worker who has been working with the case only for two months. The foster parents were impressed with the caseworker’s fast action to help resolve the child’s insistence that he be returned to shelter. They feel that they are getting the support they need from the department through the therapist and the school mentor...The family does have a very supportive extended family and they are active in their church ward.”*

A situation involving a 17-year-old youth in structured foster care that has very challenging behaviors was rated as having minimally acceptable caregiver support (4). The reviewer comments, *“Although the foster parents have not used respite, they indicated it was available*

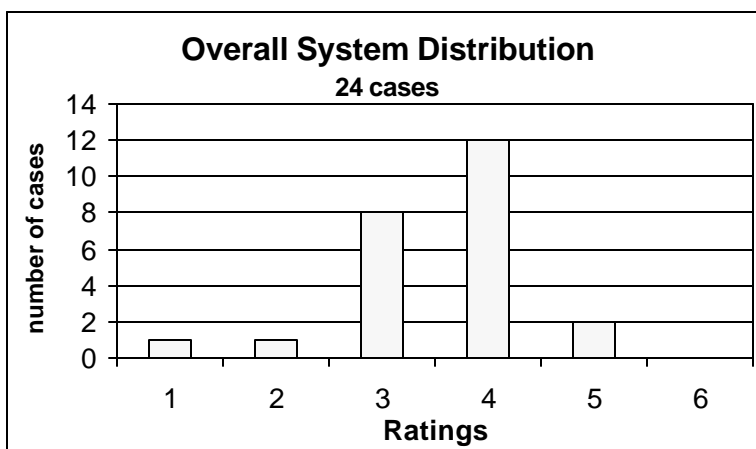
and had a plan in place. They describe significant and ongoing training through the provider. They receive much support (transportation) from the provider and tracker.

Another case involving an older male youth in a proctor home has a long history of placement moves, and the current caretaker support is rated as 3, partially unacceptable. The reviewer notes, *“Although the underlying cause of his emotional difficulties and multiple placements has been identified in the functional assessment, effective treatment has not been put in place to impact the continuing cycle of placement failures...Approaches to reactive attachment issues usually included significant involvement of parent figures and coaching them to avoid unhelpful reactions to highly charged situations with the child in order to build new competencies in the child...The parents will benefit from learning to apply parenting approaches specific to parenting oppositional and attachment disordered children.”*

Overall System Performance

Summative Questions: Based on the QCR findings determined for System Performance exams 1-10, how well is the service system functioning for this child now? Overall System Performance is considered acceptable when specified combinations and levels of examination findings are present. A special scoring procedure is used to determine Overall System Performance for a child.

Findings: 58% of cases were within the acceptable range (4-6).



Status Forecast

One additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to the question, "Where do you see this child in six months?" Of the cases reviewed, 36% were anticipated to be unchanged, 22% were expected to decline in status, and 50% were expected to improve.

Outcome Matrix--Overall Status of Child/Family

The display below presents a matrix analysis of the service testing time during the QCR. Each of the cells in the matrix shows the percent of children experiencing one of four possible outcomes:

Outcome 1: child status acceptable, system performance acceptable

Outcome 2: child status unacceptable, system performance acceptable

Outcome 3: child status acceptable, system performance unacceptable

Outcome 4: child status unacceptable, system performance unacceptable

Obviously, the desirable result is to have as many children in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are, most often, either unusually resilient and resourceful children, or children who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children who, in spite of good system performance, do not do well (these children would fall in Outcome 2).

		Favorable Status of Child	Unfavorable Status of Child	
		Outcome 1	Outcome 2	
Acceptability of Service System Performance	Acceptable System Performance	Good status for the child, system performance presently acceptable. N=14 58%	Poor status for the child, system performance minimally acceptable but limited in reach or efficacy. N=0	58%
	Unacceptable System Performance	Good status for the child, system performance presently unacceptable. N=10 42%	Poor status for the child, system performance unacceptable. N=0	42%
		100%	0%	

VIII. Recommendations for Practice Improvement

At the conclusion of the week of case record reviews, the review team provides regional staff with its impressions regarding practice development needs that were observed during the review. While these impressions do not have the benefit of an analysis of the aggregate scores of practice

trends in all cases, the feedback is useful in quickly interpreting what was learned. The feedback suggested the following practice needs and challenges.

Practice Development Opportunities

- **Revisit the process of family team meetings to ensure that the team belongs to the family and that informal supports are always included.** Help the family identify informal supports especially if they are unsure of those who care about them and want to see them succeed. A team that consists only of professionals will inadvertently reinforce a family's sense of hopelessness and dependency. The family's ability to successfully maintain change over the long-term will be closely linked to the strength and capacity of their informal network. It is the system's responsibility to help families recognize and/or develop their informal support network through the family team process.
- **Functional assessments should build on the system's collective knowledge. This should include a family's history, such as prior investigations and service histories that reveal past sexual abuse, domestic violence, substance abuse, issues of abandonment, mental illness, or mental retardation.** The team needs to synthesize the assessment information it collectively holds. How the history available to the team reflects issues that might impact current parenting and important underlying needs of the family should be explored. Past investigation histories can be used to help craft solution-focused questions that help the family assess what might have worked best for them in the past, as well as challenges that have yet to be addressed. These histories are also important in building an understanding of the experiences that have shaped a child's coping strategies, which may or may not serve the child well currently.
- **Convene team meetings more frequently to benefit from the expertise and different perspectives of the family and professionals. Team meetings are often the best forum in which to assess what is working well, what is not working, and what other strategies might improve the chances for the child and family's success in achieving their goals.** The consistent use of team meetings will broaden support and resources for caseworkers in dealing with complex family issues and difficult case decisions. The use of teaming will improve the quality and effectiveness of intervention strategies and results.
- **Use team meetings to work with the family on developing and reviewing progress towards the long-term view. This is particularly important in achieving permanency for children, whether the goal is reunification or adoption/guardianship with another family.** Coherent long-term goals that the child and family hope to achieve should constitute the overarching mission of the team and its work. Team meetings should always explore if progress is being made towards the long-term view, whether the child and family are receiving the right level of supports and services, and at times, whether the long-term view needs to be modified. When team meetings are used to work with the family to assess progress and brainstorm what would improve progress, the child and family experience more hope and show higher levels of energy and motivation to succeed.

Recommendations

- **Increase the use of mentoring and modeling to refine practice.** Understanding the practice model at a conceptual level comes first; putting it into action takes much practice. As reflected in the case story examples in this report, the region does have staff who are demonstrating promising use of the practice model. Staff will need mentoring and modeling to demonstrate the effective use of the model with the myriad of child welfare situations that challenge most case managers. Learning how to partner with many types of professionals who may have diverse opinions can be equally challenging. It takes time, and good coaching, to develop the skills needed to build common goals and strategies to achieve them among families and professionals.
- **Maximize exposure to the QCR process in the region.** The QCR process is recognized as one of the best methods for evaluating how well the system is functioning, as well as performance in individual cases. Through the experience of each case review, the principles of the practice model are reinforced, interpreted, and demonstrated. For the case manager, it can be a mechanism for positive feedback and reinforcement, as well as a way to obtain timely recommendations for strengthening case outcomes. For supervisors, either through the experience of shadowing or becoming a lead reviewer, the QCR process deepens an understanding of what makes a case superior versus marginally acceptable. The skill of providing strengths-based feedback, which is fundamental to good supervision and casework, is demonstrated through the QCR debriefings with staff as well as the QCR written case stories.
- **Provide supervisory coaching; observe practice as part of annual evaluations.** It is important for supervisors to know how to reinforce the practice model. Providing strengths-based feedback and asking solution-focused questions of staff is good way to model the behavior expected of case managers with families. Observing case managers is an important way to determine how well the practice model is being implemented, and to be in a better position to give workers feedback.
- **Use a consistent process in facilitating team meetings.** There are a core set of activities that comprise a team meeting, and following a standard planning sequence helps to ensure that the team's time and action steps are appropriate, coherent, and feasible. This process is designed to ensure that the family members and other participants are comfortable with ground rules, that the meetings stay strengths-based and solution-focused, that different opinions and options are discussed, that consensus is achieved, and that next actions are clearly spelled out. Consistent use of the question, "What could go wrong with this plan?" ensures that participants carefully think about their ability to follow-through, and what they need to be successful.
- **Focus on engagement and preparation of team members for the team meeting.** It is important for families to have a clear picture of what will happen at the team meeting and what they can expect. Helping families think about their strengths, their goals, and their challenges in advance of a team meeting is critical to understanding who else should be at the table to assist the family, both in terms of persons in the family's network who might provide informal supports and resources, as well as the other system stakeholders that might be needed. Advance preparation with a family helps to ensure that they feel a high sense of ownership of the goals, and the ground rules and who will constitute their team.

Preparation of the other team members helps them to come with some understanding about what the family wants to achieve, and proposed options for the family to consider.

- **Identify and use “Practice Champions” within the region to mentor.** Based on some of the very good casework observed during the review, the region has caseworkers who are emerging as leaders in the use of the practice model. Identifying these individuals as practice champions is a good way to recognize and reinforce their achievements. Encouraging these practice champions to mentor other staff will further develop their potential to become supervisors if that is an interest they have. Most importantly, caseworkers in the region will have an opportunity to learn from their peers that this model can be implemented successfully even given the various resource challenges in rural communities.
- **Consider using a mental health professional in the beginning of an investigation/removal to help assess the needs of the child.** The symptoms that sometimes bring children to the attention of the child welfare system often have very different underlying causes. For example, in the case of severe acting out behaviors the child could be suffering from Post-Traumatic Stress Disorder as the result of witnessing domestic violence; could have been a victim of sexual abuse; could have Attention Deficit Hyperactivity Disorder which resulted in chronic patterns of school failure, or the child could have another concomitant mental health or substance abuse problem. The service plan and course of treatment would vary depending on the underlying condition. Including the parents in the mental health evaluation would be essential to the child’s evaluation, as well as to determine their needs for supports and services.
- **Address staff morale.** Implementing the practice model in the Plan requires a number of significant organizational changes. As with families in the child welfare system, the region as an organization is experiencing the stages of change in the same predictable and painful ways. The region needs to create opportunities to model the behaviors that are expected from caseworkers as they support and advocate for change within families:
 - Identify and reinforce strengths of staff continuously.
 - Provide strengths-based feedback.
 - Provide solution-focused supervision.
 - Help staff keep a focus on the overarching goals of the region.
 - Demonstrate engagement, consensus building, and teamwork.
 - Ask, “What can I do to help you perform your job successfully?”
 - Be honest as to what supports you can and cannot deliver.
 - Demonstrate genuine and creative efforts to help people achieve success.

Appendix

Milestone Trend Indicators																				
1. Number and percent of Home-Based child clients who came into Out-of-Home care within 12 months of Home-Based case closure. (Data is pulled one year prior in order to look 12 months forward.)																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	33	7%	40	8%	22	5%	18	4%	19	6%	18	4%	19	4%	27	6%	16	4%	15	4%
Salt Lake	49	8%	24	3%	39	5%	25	5%	23	4%	21	4%	27	5%	31	6%	37	6%	31	8%
Western	15	7%	17	7%	19	8%	18	7%	9	5%	3	2%	13	7%	2	1%	7	3%	7	5%
Eastern	10	7%	10	8%	9	6%	10	8%	6	3%	8	9%	2	2%	5	4%	4	4%	3	4%
Southwest	0	0%	4	5%	1	1%	1	1%	3	3%	5	9%	4	4%	8	11%	2	3%	0	0%
State	107	7%	95	5%	90	5%	72	5%	60	5%	55	4%	65	5%	74	5%	68	5%	56	4%
2. Number and percent of children in Out-of-Home care who were victims of substantiated allegations of abuse and neglect by Out-of-Home care parents, Out-of-Home care siblings, or residential staff.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4thrd QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	0	0.0%	1	0.2%	3	0.5%	1	0.2%	2	0.4%	8	1.6%	0	0.0%	4	0.2%	0	0.0%	1	0.26%
Salt Lake	3	0.2%	0	0.0%	3	0.2%	1	0.1%	5	0.4%	1	0.1%	1	0.1%	0	0.0%	3	0.3%	0	n/a
Western	0	0.0%	2	0.7%	0	0.0%	1	0.0%	0	0.0%	1	0.4%	0	0.0%	5	1.7%	0	0.0%	0	n/a
Eastern	0	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.4%	0	0.0%	2	1.2%	0	0.0%	2	0.8%	2	0.75%
Southwest	0	0.0%	0	0.0%	0	0.0%	1	0.8%	0	0.0%	3	1.9%	0	0.0%	0	0.0%	0	0.0%	0	n/a
State	3	0.1%	3	0.1%	6	0.2%	5	0.2%	8	0.3%	13	0.5%	3	0.1%	9	0.4%	5	0.2%	3	0.13%
3. Number and percent of substantiated child victims with a prior Home-Based or Out-of-Home care case within the last 12 months.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	66	9%	56	9%	50	8%	62	9%	49	8%	62	10%	47	8%	75	12%	57	8%	50	7%
Salt Lake	60	6%	93	8%	69	6%	64	5%	100	8%	69	5%	77	6%	118	9%	65	5%	74	6%
Western	23	8%	14	5%	29	8%	13	3%	27	8%	32	7%	28	8%	30	8%	33	8%	10	2%
Eastern	15	12%	10	6%	9	7%	9	6%	10	6%	18	11%	12	7%	22	14%	20	12%	20	9%
Southwest	14	6%	19	12%	9	4%	12	6%	9	5%	6	3%	11	5%	5	2%	3	1%	18	9%
State	178	8%	192	8%	166	7%	160	6%	194	7%	188	7%	175	7%	249	9%	177	6%	172	6%
4. Number and percent of substantiated child victims with a prior CPS substantiated allegation within the last 12 months.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	110	16%	95	16%	67	11%	93	14%	80	13%	88	14%	66	11%	108	17%	81	11%	88	13%
Salt Lake	119	11%	137	11%	148	12%	158	12%	191	14%	148	11%	147	12%	183	13%	159	13%	166	13%
Western	27	9%	38	13%	51	14%	46	12%	40	11%	35	8%	55	17%	58	15%	55	13%	66	14%
Eastern	24	19%	16	10%	10	8%	22	15%	13	8%	21	13%	33	19%	25	16%	20	12%	31	13%

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Southwest	20	6%	17	10%	17	8%	22	12%	19	10%	17	9%	39	17%	23	10%	21	10%	27	14%
State	300	13%	303	13%	293	12%	341	13%	342	13%	310	11%	339	13%	403	14%	336	12%	380	13%

5. Number and percent of children in care for at least one year that attained permanency through case closure prior to 24 months of custody. (Data is pulled two years prior in order to look 24 months forward.)

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	24	63%	17	65%	22	69%	30	60%	22	76%	16	47%	24	73%	26	65%	17	63%	12	43%
Salt Lake	55	53%	51	50%	53	58%	53	61%	72	62%	51	59%	40	53%	54	57%	52	68%	62	68%
Western	4	36%	6	67%	12	60%	17	77%	13	62%	10	59%	16	57%	6	43%	5	38%	13	62%
Eastern	6	32%	11	92%	6	40%	7	47%	6	40%	14	74%	7	50%	14	61%	9	56%	4	44%
Southwest	4	44%	3	60%	5	38%	1	33%	0	0%	9	69%	3	60%	1	13%	3	38%	4	36%
State	93	52%	88	57%	98	57%	108	61%	113	61%	100	59%	90	58%	101	56%	86	63%	95	59%

6. Number and percent of children who entered Out-of-Home care who attained permanency through custody termination within one year. (Data is pulled one year prior in order to look 12 months forward.)

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	139	83%	115	77%	103	76%	102	71%	83	78%	107	79%	99	76%	88	75%	91	75%	62	72%
Salt Lake	265	70%	156	66%	113	60%	92	49%	88	54%	105	53%	93	53%	86	46%	107	60%	86	54%
Western	37	64%	27	61%	31	53%	43	75%	31	70%	34	62%	38	70%	35	76%	55	71%	57	73%
Eastern	38	72%	25	57%	21	60%	25	52%	31	66%	45	83%	35	67%	30	75%	29	71%	23	61%
Southwest	18	86%	18	58%	15	75%	24	75%	17	68%	18	62%	15	63%	13	62%	27	59%	19	61%
State	497	73%	341	68%	283	64%	286	61%	250	65%	309	66%	280	64%	255	62%	309	67%	247	63%

7. Number and percent of children with prior custody episodes within 6, 12, and 18 months.

		1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	Mos.	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	6	10	9%	10	8%	17	13%	18	15%	10	8%	10	12%	13	10%	10	6%	14	10%	9	8%
	12	13	12%	23	17%	24	18%	20	17%	13	11%	21	25%	17	13%	25	19%	20	14%	15	14%
	18	17	16%	24	8%	29	22%	25	21%	15	12%	21	25%	21	16%	27	21%	22	16%	17	16%
Salt Lake	6	6	4%	15	8%	10	6%	5	2%	8	5%	16	10%	10	5%	11	6%	14	9%	4	4%
	12	8	14%	23	12%	17	10%	21	12%	15	9%	23	14%	18	9%	13	7%	22	14%	5	5%
	18	14	9%	29	15%	20	11%	23	13%	16	9%	25	16%	22	11%	14	8%	23	15%	9	8%
Western	6	3	7%	1	2%	1	2%	4	9%	1	1%	6	8%	2	4%	2	3%	11	17%	1	2%
	12	3	7%	5	9%	2	4%	7	16%	2	3%	6	8%	3	5%	8	13%	14	21%	4	7%
	18	4	9%	6	11%	4	7%	7	16%	2	3%	10	13%	6	11%	8	13%	14	21%	4	7%
Eastern	6	6	13%	3	4%	2	4%	2	5%	6	12%	2	5%	3	6%	2	4%	4	9%	2	4%
	12	12	26%	4	7%	4	8%	3	8%	8	17%	5	13%	4	9%	4	13%	6	13%	9	2%
	18	13	28%	4	7%	6	12%	5	13%	8	17%	6	16%	5	11%	4	13%	6	12%	12	2%

Northern Region Report

Southwest	6	1	4%	3	10%	2	8%	1	5%	2	4%	0	0%	0	0%	2	4%	0	0%	1	5%
	12	1	4%	4	14%	3	12%	1	5%	2	4%	0	0%	1	3%	4	8%	1	8%	1	5%
	18	2	8%	4	14%	6	25%	2	9%	5	11%	1	3%	1	3%	4	8%	1	8%	3	1%
State	6	26	7%	32	7%	32	8%	30	7%	27	6%	34	9%	28	6%	25	6%	43	10%	17	5%
	12	37	10%	59	12%	50	12%	52	13%	40	8%	55	14%	43	9%	51	11%	63	15%	34	10%
	18	50	13%	67	14%	65	15%	62	15%	46	10%	63	16%	55	12%	54	12%	66	16%	45	13%

8. Average months in care of cohorts in children in Out-of-Home care by goal, ethnicity, and sex. (Workers have 45 days to establish a goal and enter it in SAFE. Cases that were closed prior to a goal being established are not reported under this trend.)

	1st QT 2001	2nd QT 2001	3rd QT 2001	4th QT 2001	1st QT 2002	2nd QT 2002	3rd QT 2002	4th QT 2002	1st QT 2003	2nd QT 2003										
Adoption																				
Northern	18	19	24	18	14	20	13	19	18	14										
Salt Lake	19	31	23	26	21	26	24	25	23	16										
Western	21	17	19	18	10	9	6	20	16	26										
Eastern	34	26	0	41	17	15	18	14	16	10										
Southwest	7	15	16	24	11	20	17	13	11	21										
State	18	25	23	23	18	22	15	21	20	16										
Guardianship																				
Northern	22	19	27	3	0	12	8	9	6	18										
Salt Lake	18	14	21	22	23	19	16	29	23	18										
Western	59	20	5	42	10	3	68	15	26	11										
Eastern	16	6	14	0	0	13	0	53	32	60										
Southwest	17	0	0	6	5	48	0	2	13	11										
State	28	14	22	22	17	17	24	24	21	18										
Independent living																				
Northern	35	19	26	41	49	30	28	26	43	39										
Salt Lake	29	46	37	31	42	23	36	30	38	47										
Western	36	44	23	12	42	33	45	26	22	20										
Eastern	10	26	15	10	25	38	47	22	45	45										
Southwest	18	12	73	15	0	24	13	28	11	29										
State	30	36	33	26	43	27	37	27	37	41										
Individualized permanency plan																				
Northern	21	28	27	32	25	49	20	47	30	31										
Salt Lake	47	38	32	56	36	34	22	41	37	33										
Western	48	18	34	30	66	11	0	0	26	0										
Eastern	35	47	27	19	26	23	26	21	11	15										
Southwest	37	6	26	49	0	41	13	17	20	26										
State	41	33	30	38	36	33	22	37	32	29										
Return home																				
Northern	12	11	8	9	8	7	9	9	11	10										
Salt Lake	13	14	11	10	11	10	10	11	12	11										
Western	10	9	9	10	6	6	7	10	7	8										

Northern Region Report

Eastern	11	5	10	8	8	13	7	9	8	5										
Southwest	7	8	11	7	6	11	5	7	11	10										
State	12	11	10	9	9	9	9	10	11	9										
Average length of stay of children in custody by ethnicity. (Data is average number of months.)																				
	1st QT 2001	2nd QT 2001	3rd QT 2001	4th QT 2001	1st QT 2002	2nd QT 2002	3rd Q 2002	4th QT 2002	1st QT 2003	2nd QT 2003										
African American																				
Northern	3	25	6	24	12	15	8	0	30	12										
Salt Lake	27	36	19	29	32	27	36	9	17	16										
Western	52	3	7	3	0	0	2	0	10	5										
Eastern	0	0	0	0	0	0	0	0	12	1										
Southwest	0	0	0	29	0	0	0	0	0	0										
State	19	55	20	25	30	21	15	9	18	14										
American Indian/Alaska Native																				
Northern	4	0	24	23	0	0	1	11	7	14										
Salt Lake	11	23	16	21	17	11	5	5	23	3										
Western	11	21	10	1	9	0	67	10	11	0										
Eastern	27	32	11	2	19	36	11	22	33	9										
Southwest	30	11	0	0	0	42	0	12	12	32										
State	21	28	10	16	17	20	17	15	19	14										
Asian																				
Northern	9	36	0	0	73	0	0	16	0	0										
Salt Lake	7	19	0	0	13	38	4	7	0	10										
Western	0	0	0	0	57	0	0	21	0	0										
Eastern	0	0	0	0	0	0	0	0	0	0										
Southwest	0	0	0	0	0	0	0	0	0	0										
State	6	26	0	0	31	38	4	13	0	10										
Caucasian																				
Northern	9	10	9	9	20	14	9	10	8	9										
Salt Lake	20	23	20	24	25	24	17	20	19	18										
Western	22	11	13	12	28	9	16	12	12	12										
Eastern	17	11	10	18	12	14	17	10	11	9										
Southwest	12	8	19	14	4	27	6	14	12	13										
State	21	22	21	17	21	19	13	14	14	13										
Hispanic																				
Northern	7	8	9	9	7	13	6	10	7	6										
Salt Lake	14	14	16	12	15	14	14	13	18	13										
Western	9	5	4	19	7	4	9	25	6	4										
Eastern	6	3	4	4	12	0	7	1	14	20										
Southwest	5	8	16	6	0	10	7	3	5	24										
State	11	10	14	11	12	12	10	12	11	9										
Other/Unknown																				
Northern	10	9	11	6	7	8	5	12	13	45										
Salt Lake	9	11	14	10	12	10	12	16	15	15										
Western	18	12	9	11	15	7	12	0	16	18										
Eastern	5	0	5	13	10	8	7	6	0	0										
Southwest	11	3	48	12	5	7	3	13	6	0										
State	14	9	9	9	10	9	9	14	14	18										

Northern Region Report

Pacific Islander																				
Northern	0	31	0	16	0	0	0	0	0	0										
Salt Lake	17	18	4	8	0	12	3	10	21	11										
Western	0	0	0	0	0	0	0	0	1	16										
Eastern	0	38	0	0	0	0	0	0	0	10										
Southwest	0	0	0	0	0	0	0	18	0	0										
State	17	14	2	17	0	12	3	14	11	9										
Average number of months children in custody by sex																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Northern	8	9	10	11	9	9	9	9	12	10	12	12	7	7	11	10	7	9	10	8
Salt Lake	16	16	22	18	17	18	17	20	21	17	16	17	14	15	16	17	18	19	14	16
Western	16	21	10	13	13	10	12	13	24	13	6	8	20	9	12	15	11	11	8	9
Eastern	21	9	21	8	8	9	10	15	10	13	12	16	12	12	11	13	15	15	4	16
Southwest	13	11	8	6	12	14	13	14	5	4	22	17	6	5	10	14	10	11	14	17
State	14	14	15	14	13	12	14	14	18	13	14	14	12	12	13	14	13	14	11	14
9. Percent of CPS investigations initiated within the time period mandated by state or local statute, regulation, or policy.																				
	Priority	1st QT 2001	2nd QT 2001	3rd QT 2001	4th QT 2001	1st QT 2002	2nd QT 2002	3rd QT 2002	4th QT 2002	1st QT 2003	2nd QT 2003									
Northern	1	100%	50%	100%	100%	100%	100%	100%	100%	n/a*	100%									
	2	92%	94%	88%	88%	89%	91%	92%	88%	88%	92%									
	3	75%	80%	82%	77%	72%	75%	72%	75%	73%	67%									
	4								74%	78%	83%									
Salt Lake	1	92%	93%	86%	87%	95%	91%	85%	81%	88%	90%									
	2	87%	92%	89%	88%	90%	91%	90%	91%	88%	89%									
	3	71%	71%	74%	73%	69%	69%	69%	70%	68%	71%									
	4								77%	74%	73%									
Western	1	100%	86%	100%	86%	96%	79%	90%	90%	97%	96%									
	2	87%	91%	88%	83%	89%	88%	90%	81%	74%	87%									
	3	58%	61%	65%	55%	55%	53%	56%	54%	57%	60%									
	4								61%	56%	62%									
Eastern	1	79%	80%	88%	79%	100%	100%	80%	67%	88%	93%									
	2	91%	85%	93%	89%	89%	96%	81%	85%	76%	87%									
	3	84%	87%	92%	93%	90%	90%	94%	91%	89%	88%									
	4								78%	95%	83%									
Southwest	1	95%	80%	100%	100%	100%	92%	64%	100%	100%	88%									
	2	90%	85%	88%	92%	91%	85%	90%	83%	87%	93%									
	3	75%	85%	87%	86%	88%	87%	87%	85%	84%	89%									
	4								93%	96%	98%									
State	1	93%	88%	92%	86%	96%	89%	82%	83%	91%	91%									
	2	89%	92%	89%	88%	90%	90%	90%	88%	86%	90%									
	3	70%	74%	77%	74%	71%	70%	71%	72%	70%	72%									
	4								75%	73%	75%									
*Northern had no priority 1 referrals in 1st quarter.																				

Northern Region Report

10. Percent of children experiencing fewer than three placement changes within an Out-of-Home care service episode.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	75	68%	87	62%	89	62%	106	75%	80	73%	76	73%	94	73%	92	73%	120	80%	76	70%
Salt Lake	109	46%	98	49%	85	45%	90	49%	89	46%	86	46%	107	53%	111	56%	110	50%	91	59%
Western	29	64%	28	49%	19	46%	45	67%	49	63%	47	78%	28	55%	36	68%	34	61%	51	71%
Eastern	32	64%	37	69%	33	73%	22	58%	32	61%	25	56%	27	68%	35	63%	28	65%	27	77%
Southwest	20	59%	15	54%	12	67%	8	42%	15	60%	11	46%	11	55%	17	74%	16	57%	12	38%
State	265	54%	265	55%	238	55%	271	60%	265	58%	245	58%	267	61%	291	64%	308	62%	258	64%
11. Number and percent of children in placement by order of restrictiveness. (Point-in-time: last day of the report period.)																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Residential treatment																				
Northern	34	8%	29	7%	26	6%	27	7%	27	7%	32	8%	35	9%	35	9%	27	7%	28	7%
Salt Lake	99	9%	102	9%	101	9%	109	10%	110	10%	108	10%	122	12%	134	13%	122	13%	122	14%
Western	16	7%	21	10%	19	8%	18	8%	19	9%	23	10%	20	8%	88	8%	16	6%	19	7%
Eastern	19	9%	22	10%	23	10%	18	8%	21	10%	15	7%	20	9%	93	6%	15	7%	18	8%
Southwest	5	5%	6	6%	6	6%	4	4%	7	6%	11	8%	10	7%	52	5%	6	6%	6	6%
State	173	9%	180	9%	175	8%	176	9%	184	9%	189	9%	207	10%	209	10%	186	10%	193	10%
Group home																				
Northern	9	2%	9	2%	14	3%	8	2%	9	2%	9	2%	8	2%	11	3%	11	3%	16	4%
Salt Lake	63	6%	65	6%	58	5%	55	5%	53	5%	49	5%	52	5%	50	5%	58	6%	68	7%
Western	5	2%	8	4%	6	3%	7	3%	6	3%	8	4%	8	3%	7	3%	5	2%	5	2%
Eastern	4	2%	8	4%	6	3%	4	2%	5	2%	4	2%	5	2%	5	2%	6	3%	6	3%
Southwest	3	3%	3	3%	3	3%	2	2%	5	4%	3	2%	3	2%	3	2%	1	1%	2	2%
State	84	4%	93	4%	87	4%	76	4%	78	4%	73	4%	76	4%	76	4%	81	4%	97	5%
Treatment foster homes																				
Northern	111	25%	111	26%	115	27%	114	29%	117	29%	115	29%	123	30%	127	32%	130	33%	133	34%
Salt Lake	259	24%	238	22%	229	21%	211	20%	221	21%	49	20%	234	22%	239	23%	219	23%	223	25%
Western	60	27%	69	31%	86	37%	81	38%	67	31%	80	35%	79	33%	88	35%	93	34%	92	36%
Eastern	71	33%	68	31%	74	33%	76	34%	77	36%	73	36%	82	38%	93	44%	97	44%	89	39%
Southwest	32	34%	38	40%	38	40%	46	45%	55	46%	52	40%	55	38%	52	39%	52	44%	47	44%
State	533	26%	524	26%	542	26%	528	26%	537	27%	545	27%	573	28%	599	29%	591	30%	584	31%
Family foster home																				
Northern	236	54%	232	54%	231	55%	212	53%	233	57%	204	52%	214	52%	193	48%	182	47%	196	51%
Salt Lake	537	51%	574	53%	572	53%	572	54%	559	52%	531	54%	546	52%	505	49%	469	48%	428	47%
Western	133	60%	112	51%	113	48%	90	42%	106	50%	112	49%	131	54%	120	48%	137	50%	133	52%
Eastern	117	54%	114	53%	114	51%	122	54%	108	51%	112	55%	107	49%	100	47%	102	46%	120	52%
Southwest	50	53%	47	49%	47	50%	49	47%	47	38%	56	44%	67	47%	63	47%	39	33%	42	39%
State	1073	53%	1079	53%	1077	53%	1045	52%	1053	52%	1015	51%	1065	52%	981	48%	929	47%	919	48%

Northern Region Report

Other																				
Northern	47	11%	50	12%	36	9%	41	11%	28	7%	36	9%	34	8%	39	10%	43	11%	20	5%
Salt Lake	109	10%	102	9%	117	11%	122	11%	132	12%	142	12%	99	9%	112	11%	107	11%	81	9%
Western	9	4%	11	5%	10	4%	18	8%	15	7%	9	4%	5	2%	14	6%	23	9%	9	3%
Eastern	3	2%	5	2%	7	3%	8	4%	5	5%	1	1%	4	2%	1	0%	1	0%	5	2%
Southwest	4	4%	1	1%	1	1%	4	4%	9	7%	9	7%	8	6%	10	7%	20	17%	10	9%
State	172	9%	169	8%	171	9%	193	10%	189	9%	197	10%	150	7%	176	9%	194	10%	125	7%
12. Number and percent of all children younger than five years exiting custody in year who did not attain permanency within six months by closure reason.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Adoption final																				
Northern	14	58%	29	81%	12	57%	10	36%	11	61%	9	53%	13	76%	12	63%	18	72%	3	23%
Salt Lake	22	55%	35	69%	33	61%	21	50%	26	63%	38	70%	17	55%	29	56%	28	22%	26	67%
Western	1	17%	9	64%	9	60%	10	71%	2	25%	1	25%	0	0%	8	73%	7	14%	4	50%
Eastern	0	0%	9	90%	2	50%	2	100%	3	38%	5	46%	2	40%	1	11%	1	30%	1	100%
Southwest	2	22%	3	50%	0	0%	1	25%	3	100%	4	67%	1	100%	4	67%	4	10%	7	88%
State	39	48%	85	73%	56	60%	44	49%	45	58%	57	62%	33	58%	54	56%	58	73%	41	59%
Custody returned to parents																				
Northern	9	38%	5	14%	7	33%	16	57%	7	39%	8	47%	4	24%	5	26%	7	28%	7	54%
Salt Lake	13	33%	11	22%	16	30%	16	38%	12	29%	11	20%	11	35%	20	38%	6	14%	11	28%
Western	5	83%	4	29%	1	7%	2	14%	4	50%	3	75%	3	100%	3	27%	4	9%	2	25%
Eastern	1	50%	1	10%	2	50%	0	0%	4	50%	5	46%	3	60%	1	11%	2	67%	0	0
Southwest	7	78%	1	17%	0	0%	2	50%	0	0%	2	33%	0	0%	2	33%	0	0%	1	13%
State	35	43%	22	19%	26	28%	36	40%	27	35%	29	32%	21	37%	31	32%	19	24%	21	30%
Custody returned to relative/guardian																				
Northern	1	4%	1	3%	2	10%	2	7%	0	0%	0	0%	0	0%	2	11%	0	0%	3	23%
Salt Lake	4	10%	5	10%	5	9%	5	12%	3	7%	4	7%	3	10%	3	6%	1	3%	2	5%
Western	0	0%	1	7%	5	33%	2	14%	2	25%	0	0%	0	0%	0	0%	0	0%	2	25%
Eastern	0	0%	0	0%	0	0%	0	0%	1	13%	0	0%	0	0%	6	67%	0	0%	0	0
Southwest	0	0%	2	33%	0	0%	1	25%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0
State	5	6%	9	8%	12	13%	10	11%	6	8%	4	4%	3	5%	11	11%	1	1%	7	10%
Custody to foster parent																				
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	2	5%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	1	50%	0	0%	0	0%	0	0%	0	0%	1	9%	0	0%	1	11%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	1	1%	0	0%	0	0%	0	0%	0	0%	2	2%	0	0%	1	1%	2	3%	0	0%
Death																				
Northern	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	1	1%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Northern Region Report

13. Number and percent of all children exiting custody in year who did not attain permanency within six months by closure reason.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Adoption final																				
Northern	22	40%	38	50%	22	37%	24	35%	17	32%	22	41%	20	37%	24	43%	25	43%	8	14%
Salt Lake	29	17%	5	34%	45	32%	35	30%	38	28%	51	41%	22	18%	48	37%	46	30%	39	37%
Western	2	6%	13	34%	9	32%	14	35%	2	5%	4	19%	5	26%	11	31%	8	30%	7	21%
Eastern	1	4%	10	40%	2	12%	3	14%	5	17%	5	17%	2	10%	1	4%	1	5%	1	10%
Southwest	2	10%	4	24%	1	14%	3	21%	3	43%	7	35%	1	13%	4	29%	6	30%	12	41%
State	56	18%	70	37%	79	30%	79	31%	65	24%	89	36%	50	22%	88	33%	86	31%	67	29%
Emancipation																				
Northern	8	14%	9	12%	4	7%	5	7%	14	26%	5	9%	1	2%	11	20%	8	14%	5	9%
Salt Lake	26	15%	24	16%	13	10%	26	23%	20	15%	13	10%	25	20%	16	12%	30	19%	11	10%
Western	12	33%	4	11%	2	7%	3	8%	8	19%	3	14%	5	26%	6	17%	3	11%	3	9%
Eastern	4	15%	6	24%	4	24%	5	24%	4	14%	3	10%	3	14%	7	25%	7	37%	0	0%
Southwest	3	14%	1	6%	3	43%	1	7%	0	0%	2	10%	1	13%	2	14%	2	10%	2	7%
State	53	17%	44	14%	26	9%	40	16%	46	17%	26	11%	35	16%	42	16%	50	18%	21	9%
Returned to parents																				
Northern	18	31%	17	22%	21	36%	32	47%	17	32%	23	43%	20	37%	12	21%	23	39%	27	50%
Salt Lake	82	49%	47	32%	51	36%	42	37%	49	36%	42	34%	54	20%	48	37%	56	36%	37	35%
Western	13	36%	14	37%	5	18%	14	35%	16	37%	12	57%	6	32%	15	42%	10	37%	16	48%
Eastern	14	54%	4	16%	8	47%	7	33%	11	38%	15	52%	11	52%	9	32%	7	37%	2	20%
Southwest	15	71%	7	41%	2	29%	9	64%	4	57%	8	40%	4	50%	6	43%	10	50%	11	38%
State	142	46%	89	28%	87	34%	104	40%	97	36%	100	40%	95	42%	90	34%	106	38%	93	40%
Custody to relative/guardian																				
Northern	7	12%	6	8%	9	15%	4	5%	4	8%	1	2%	10	19%	6	11%	2	3%	11	20%
Salt Lake	13	8%	12	8%	14	10%	8	7%	20	15%	11	9%	16	13%	11	8%	9	6%	10	10%
Western	5	14%	6	16%	11	39%	8	20%	10	23%	2	10%	0	0%	2	6%	5	19%	6	18%
Eastern	2	8%	1	4%	3	18%	3	14%	7	24%	3	10%	1	5%	8	29%	3	16%	3	30%
Southwest	1	5%	5	29%	0	14%	1	7%	0	0%	1	5%	0	0%	0	0%	2	10%	3	10%
State	28	9%	30	10%	37	15%	24	9%	41	41%	18	7%	27	12%	27	10%	21	8%	33	14%
Custody to youth corrections																				
Northern	1	2%	4	5%	0	0%	3	4%	0	0%	0	0%	2	4%	2	4%	0	0%	1	2%
Salt Lake	12	7%	4	3%	10	7%	2	2%	6	4%	5	4%	2	2%	6	5%	4	3%	1	1%
Western	2	6%	0	0%	0	0%	1	3%	4	9%	0	0%	2	11%	1	3%	1	4%	0	0%
Eastern	3	12%	1	4%	0	0%	2	10%	1	4%	1	4%	2	10%	0	0%	1	5%	2	20%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	1	5%	1	13%	1	8%	0	0%	1	3%
State	18	6%	9	3%	10	4%	8	3%	11	4%	7	3%	9	4%	10	4%	6	2%	5	2%
Custody to foster parent																				
Northern	1	2%	0	0%	0	0%	0	0%	1	2%	3	6%	1	2%	1	2%	1	2%	0	0%
Salt Lake	4	2%	8	5%	7	5%	2	2%	0	0%	3	2%	1	1%	0	0%	8	5%	5	5%
Western	2	6%	0	0%	0	0%	0	0%	3	7%	0	0%	1	5%	1	3%	0	0%	1	3%
Eastern	2	8%	3	12%	0	0%	1	5%	1	4%	1	4%	2	10%	3	11%	0	0%	2	20%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	1	5%	0	0%	0	0%	0	0%	0	0%
State	9	3%	11	4%	7	3%	3	1%	5	2%	8	3%	5	2%	5	2%	9	3%	8	3%

Northern Region Report

Death																				
Northern	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	7%	0	0%	0	0%
State	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%	0	0%	0	0%
Non-petitional release																				
Northern	1	2%	0	0%	1	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	4%
Salt Lake	0	0%	2	1%	1	1%	0	0%	4	3%	0	0%	3	3%	0	0%	0	0%	2	2%
Western	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	1%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	13%	0	0%	0	0%	0	0%
State	1	0%	3	1%	2	2%	0	0%	4	2%	1	0%	4	2%	0	0%	0	0%	4	2%
Child ran away																				
Northern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%
Western	0	0%	0	0%	1	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	0	0%	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%
Voluntary custody terminated																				
Northern	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Western	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
14. Number and percent of children age 18 or older, exiting care by education level.																				
	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Attending school																				
Northern									3	23%	1	20%	1	100%	3	20%	1	13%	0	0%
Salt Lake									12	46%	7	41%	14	52%	12	60%	12	44%	6	50%
Western									1	14%	2	50%	2	33%	3	33%	4	57%	0	0%
Eastern									0	0%	0	0%	1	33%	0	0%	3	33%	0	0%
Southwest									0	0%	0	0%	0	0%	1	50%	0	0%	0	0%
State									16	31%	10	29%	18	46%	19	36%	20	65%	0	0%
Graduated																				
Northern									0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake									3	12%	0	0%	0	0%	0	0%	0	0%	0	0%
Western									1	14%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern									0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest									0	0%	0	0%	0	0%	1	50%	0	0%	0	0%
State									4	8%	0	0%	0	0%	1	2%	0	0%	0	0%

Northern Region Report

Not in school*																				
Northern									1	8%	0	0%	0	0%	0	0%	0	0%	0	0%
Salt Lake									1	4%	0	0%	0	0%	0	0%	0	0%	0	0%
Western									0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Eastern									0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest									0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
State									2	4%	0	0%	0	0%	0	0%	0	0%	0	0%

Data not entered in system

Northern									9	69%	4	80%	0	0%	13	87%	7	88%	7	100%
Salt Lake									10	38%	10	59%	13	48%	8	40%	15	56%	5	50%
Western									5	71%	2	50%	4	67%	6	67%	3	43%	3	100%
Eastern									5	100%	6	100%	2	67%	7	100%	7	78%	n/a	0%
Southwest									0	0%	3	100%	2	100%	0	0%	3	100%	2	100%
State									29	57%	25	71%	21	54%	34	64%	35	65%	17	77%

*Not in school means dropped out, suspended or expelled.

15. Number of children in custody who are legally freed for adoption and the percent who are placed in an adoptive home within six months. (Outcomes II.D.1)

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern									25	56%	24	46%	29	52%	10	43%	8	40%	25	44%
Salt Lake									74	32%	59	22%	75	41%	24	33%	16	26%	52	12%
Western									2	0%	5	60%	5	60%	3	75%	2	67%	2	50%
Eastern									0	0%	1	0%	3	0%	1	25%	0	0%	5	40%
Southwest									8	88%	4	100%	4	75%	3	50%	7	88%	6	83%
State									109	41%	93	33%	116	45%	41	38%	33	34%	90	28%

16. Number and percent of adoption placements that disrupt before finalization.

	1st QT 2001		2nd QT 2001		3rd QT 2001		4th QT 2001		1st QT 2002		2nd QT 2002		3rd QT 2002		4th QT 2002		1st QT 2003		2nd QT 2003	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Northern	2	2%	1	1%	1	2%	1	2%	2	3.92%	1	2%	0	0%	2	4%	0	0%	3	8%
Salt Lake	6	4%	4	2%	1	1%	1	1%	0	0%	1	1%	0	0%	0	0%	0	0%	2	3%
Western	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	7%	0	0%	0	0%
Eastern	0	0%	0	0%	0	0%	0	0%	1	7.14%	0	0%	0	0%	0	0%	0	0%	0	0%
Southwest	0	0%	0	0%	0	0%	0	0%	1	1.09%	0	0%	0	0%	1	11%	0	0%	0	0%
State	9	3%	5	2%	2	1%	2	1%	4	2.27%	0	1%	0	0%	4	2%	0	0%	5	4%